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# Lesbian, Gay, and Bisexual Supervisees' Experiences of LGB-Affirmative and Non- Affirmative Supervision in COAMFTE-Accredited Training Programs

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Lesbian, Gay, and Bisexual Supervisees' Experiences of LGB-Affirmative and Non-  
Affirmative Supervision in COAMFTE-Accredited Training Programs

Nicole O'Brien, M.A.

University of Connecticut, 2013

This study is a replication of Burkard, Knox, Hess, and Schultz's (2009) study of lesbian, gay, and bisexual (LGB) affirmative and non-affirmative supervision. Using a consensual qualitative research (CQR) design as described by Hill et al. (1997, 2005), LGB supervisees from COAMFTE-accredited master's and doctoral programs were interviewed regarding their experiences of LGB-affirmative and non-affirmative supervision.

Supervisees were asked to describe a *LGB-affirmative event* and a *LGB-non-affirmative event* from their past or current individual or group supervision. Supervisees were asked the ways in which these events affected their personal and professional development, the supervisory relationship, and their work with clients.

Lesbian, Gay, and Bisexual Supervisees' Experiences of LGB-Affirmative and Non-Affirmative Supervision in COAMFTE-Accredited Training Programs

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A Dissertation

Submitted in Partial Fulfillment of the Requirements

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University of Connecticut

2013

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2013

Approval Page

Doctor of Philosophy Dissertation

Lesbian, Gay, and Bisexual Supervisees' Experiences of LGB-Affirmative and Non-Affirmative Supervision in COAMFTE-Accredited Training Programs

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### **Dedication**

This is dedicated to all of my family and friends that loved and supported me throughout my doctoral program: Frankie, Mom, Dad, Melissa, Bill, Billie, Will, Jennifer, and my Fairfield University MFT gang. Most importantly, this is dedicated to my wife, my rock, my sanctuary – Ange, you are my inspiration and this one is for you.



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## Chapter 1: Introduction

The influence of cultural and contextual variables on the supervisory process and the supervisory relationship has been of interest to mental health researchers and practitioners for some time (e.g., Bernard & Goodyear, 2009; Burkard et al., 2009; Rigazio-DiGilio, 2007, in-press; Rigazio-DiGilio, Daniels, & Ivey, 1997; Rigazio-DiGilio & LaPlante, 2009). Relatively absent from this discourse, however, are the ways in which lesbian, gay, and bisexual (LGB) topics and issues influence supervisees, their work with their supervisors, and their work with their clients. Since supervision is often considered one of the most important mediums through which therapy is taught to trainees (Kaiser, 1992; Morgan & Sprenkle, 2007; Watkins, 1997), it is reasonable to assume that the supervisory environment could provide opportunities for trainees to learn about LGB issues and the ways in which such issues influence their clinical work. For example, Green, Murphy, Blumer, and Palmanteer (2009) have suggested that “clinical supervision could serve as an opportunity for self-exploration and self-awareness in regards to a variety of diversity issues, including sexual orientation” (p. 167). However, the current body of literature suggests that LGB issues are not adequately being addressed within supervision (Gatmon et al., 2001; Green et al., 2009).

Long (1997) suggests that it is crucial to address sexual orientation within the supervisory context in order to “encourage supervisees to learn about differences, accept differences, and develop an awareness of their personal biases regarding sexual orientation” (p. 59). Further, by addressing sexual orientation within this context,

supervisors have an opportunity to engage in critical conversations about the presence of heterosexist bias to create more affirming supervisory environments for supervisees (Long, 1996, 1997; Long & Bonomo, 2006; Pilkington & Cantor, 1996). Aducci and Baptist (2011) also offer that addressing issues related to sexual orientation in the supervisory context can contribute to increased clinical competence among supervisees, as well as higher levels of satisfaction in supervision and improved supervisory relationships. While addressing heterosexist bias is integral to supervision with all supervisees (Long, 1996, 1997), it is particularly relevant when working with LGB supervisees. Unfortunately, there are few empirical studies that specifically address the experience of LGB supervisees (Burkard et al., 2009). The few that do exist, however, highlight the importance of creating LGB-affirming environments for LGB supervisees (e.g., Burkard et al., 2009; Lark & Croteau, 1998) and for supervisees working with LGB clients (e.g., Aducci & Baptist, 2011; Bahr, Brish, & Croteau, 2000; Carlson, McGeorge, & Toomey, 2012; Long, 2002; Rock, Carlson, & McGeorge, 2010).

Researchers have noted the importance of providing safety and LGB-affirmative environments for LGB trainees and supervisees (e.g., Burkard et al., 2009; Lark & Croteau, 1998). For example, Lark and Croteau's (1998) study of 14 self-identified LGB doctoral students' mentoring relationship with faculty found that when students felt affirmed and safe in their LGB identities within the training environment, they were able to fully engage in their training. If they did not feel affirmed, most of their energies were focused on survival within the non-affirming environment. Significant to this proposed study, while participants noted the role of certain institutional and individual factors that contributed to creating a

sense of affirmation, most identified their mentors as most influential in creating an affirmative environment.

Burkard et al.'s (2009) recent study clearly highlights the importance of LGB-affirmative environments for trainees, specifically within supervision. The authors interviewed 17 self-identified LGB doctoral psychology students to assess their perceptions of and experiences with LGB-affirmative and non-affirmative supervision events. LGB-affirmative events included supervisors' (a) acceptance of LGB identities, (b) awareness of their own beliefs and biases about LGB identities, (c) respect for supervisees who identify as LGB, (d) knowledge about LGB issues and heterosexist bias, and (e) ability to use supervision to educate all supervisees about such issues and biases. LGB non-affirmative events were considered those in which the supervisor (a) was neutral about LGB concerns, (b) did not incorporate LGB issues within supervision, or (c) displayed heterosexist bias that marginalized or pathologized supervisees or clients that were LGB. For those who experienced an affirmative event, most indicated that it had a positive effect on them, the supervisory relationship, and their clinical work. For example, supervisees stated that they felt "supported by their supervisors, specifically feeling affirmed, validated, and respected" and that the event increased their confidence when working with LGB clients (p. 182). Most supervisees who experienced a non-affirmative event reported that their supervisors were biased and/or oppressive towards them or their LGB clients. Almost all supervisees who experienced a non-affirmative event reported that it negatively impacted them, the supervisory relationship, and their clinical work. For example, supervisees stated that their supervision felt unsafe, that they felt "cheated out of training,"

and that “clinical service had been compromised” (p. 183). Given the centrality and importance of supervision and the supervisory relationship in graduate clinical training, it is apparent that programs must consider the impact and consequences of failure to adequately and effectively address LGB topics and issues.

### **Statement of the Problem**

A review of the literature indicates that: (a) supervision is often considered one of the most important mediums through which therapy is taught to trainees; (b) LGB issues are not adequately being addressed within supervision; and, (c) there is a dearth of empirical studies that assess the extent to which marriage and family therapy (MFT) faculty and supervisors are attending to LGB issues within clinical training and supervision (Carlson et al., 2012; Rock et al., 2010), and specifically to the ways in which these issues relate to the experiences of LGB supervisees (e.g., Charlés, Thomas, & Thornton, 2005; Hernandez & Rankin, 2008; Long & Serovich, 2003).

### **Purpose of the Study**

To address this gap, this study sought to contribute to the discourse around LGB topics and issues in MFT training through a replication of a study conducted in the field of clinical and counseling psychology. Burkard et al. (2009) examined LGB supervisees' experiences of LGB-affirmative and non-affirmative supervision events, and the ways in which these events affected the supervisee, the supervisory relationship/context, and the supervisees' work with clients. As such, this study used a semi-structured interview format (Berg, 2006) to identify LGB-affirmative and LGB non-affirmative supervision events as perceived by self-identified LGB masters' and doctoral MFT supervisees, and the ways

in which these events contributed to their personal and professional development, the supervisory relationship, and their work with clients. Participants were recruited through the snowball sampling method (Berg, 2006). Data analysis applied consensual qualitative research (CQR) methods (Hill et al., 1997, 2005) to understand the above factors and to obtain a deep description of the supervisees' perceptions of and experiences with these LGB-affirmative and LGB non-affirmative supervision events.

Specifically, the research inquiry addressed:

1. The ways in which self-identified LGB supervisees' perceive that LGB issues have been addressed within individual and/or group supervision.
2. The ways in which perceived LGB-affirmative and non-affirmative supervision events contributed to the supervisees' personal/professional development, the supervisory relationship, and the perceived quality of their clinical work.

The information obtained from this study will be useful to MFT supervisors seeking to provide safe and LGB-affirming supervision experiences for all supervisees, and specifically for LGB supervisees or those working with LGB clients, as well as for MFT training programs seeking to increase the knowledge, awareness, and skills of supervisors concerning LGB supervisory and therapeutic issues. Further, the researcher hopes information obtained from this study will be used to sensitize MFT training programs, supervisors, and supervisor-candidates to LGB issues within supervision and therapeutic environments, which will provide opportunities for increasing the numbers of LGB-affirming experiences in supervision.

## Chapter 2: Review of the Literature

Debates about clinical issues of the LGB population have been present in the mental health professions since the inclusion of homosexuality in the first edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM) in 1952 (Bohan, 1996). When the American Psychiatric Association officially removed homosexuality from its list of mental disorders in 1973, the American Psychological Association (APA) soon followed by formally depathologizing homosexuality. In 1975, the APA encouraged “mental health professionals to take the lead in removing the stigma of mental illness that has long been associated with homosexual orientations” (APA, 1975, p.633). While these endorsements by two of the largest mental health disciplines marked an important step, not only in the gay rights movement, but also in the evolution of the mental health field, the socio-political climate related to LGB issues and rights continues to face challenges. The current climate, while more progressive than three decades ago, still maintains levels of marginalization and oppression that clearly impact the social and emotional lives of LGB individuals, couples, and families. Current research suggests that LGB’s mental health service usage is between two to four times that of heterosexuals (Elliott, 1993; Grella, Greenwell, Mays & Cochran, 2009).

The powerful impact of this climate on the social, emotional, and psychological lives of LGB individuals, couples, and families suggests that all mental health professionals, and particularly marriage and family therapists (MFTs), must be adequately trained to serve this marginalized population. However, research suggests that most mental health professionals (psychologists, counselors, social workers, MFTs, etc.) and trainees lack



adequate knowledge and training in LGB issues (Biaggio, Orchard, Larson, Petrino, & Mihara, 2003; Buhrke, Ben-Ezra, Hurley, & Ruprecht, 1992; Long & Serovich, 2003; Murphy, Rawlings, & Howe, 2002; Pilkington & Cantor, 1996). To ensure that MFTs are prepared to serve their LGB clients, MFT educators and supervisors must be knowledgeable about and able to: (1) provide informed training regarding the LGB population, such that therapist-trainees develop competencies to effectively work with this client population; (2) provide relevant and effective supervision with all therapists-in-training, including those who identify as LGB; and (3) evaluate the degree to which competency has been achieved in those they supervise.

### **LGB Mental Health Needs and the Changing Socio-Political Climate: Making the Case for Better Training**

An estimated 11 million people identify as LGB in the United States (Smith & Gates, 2001), and nearly 50 million people either identify as LGB or as having a family member who is LGB (Patterson, 1995). Given these numbers, research suggests that a high percentage LGB individuals, couples, and families use mental health services (Liddle, 1997; Malley & McCann, 2002; Murphy et al., 2002). Lesbians and gay men have reported higher rates of therapy usage than their heterosexual counterparts. Research suggests that between 25-77% have seen a therapist at some point in their lives (Bradford, Ryan, & Rothblum, 1994; Liddle, 1997). Cochran, Sullivan, and Mays (2003) found that gay and/or bisexual men were more likely than heterosexual men to report using at least one type of mental health service, and that two thirds of the lesbian and/or bisexual participants who reported seeing mental health providers was also higher than heterosexual women.

Survey data suggests that clinicians are seeing increasing numbers of LGB clients in their practices. For example, in a survey of over 2,000 APA members, 99% reported having seen at least one gay male or lesbian in their clinical practice (Garnets, Hancock, Cochran, Goodchilds, & Peplau, 1991). Within MFT, Green and Bobele (1994) found that 72% of American Association for Marriage and Family Therapy (AAMFT) Clinical Members reported an average of 13% of their client population to be LGB. Similarly, Bernstein (2000) reported that nearly 80% of MFTs work with LGB clients in their practice. While the reasons for heavier usage of mental health services among the LGB population are not well defined (Grella et al., 2009; Murphy et al., 2002), some researchers suggest that it is likely due to minority stress (the increased stress experiences as a result of one's minority status and stigmatization) and resultant exposure to institutionalized oppression and discrimination (Godfrey, Haddock, Fisher, & Lund, 2006; Grella et al., 2009; Levitt et al., 2009).

The institutionalized oppression targeted at the LGB community is at the forefront of the shifting socio-political climate. Currently, forty-one states have passed constitutional amendments or have statutory laws that restrict marriage to one man and one woman (Human Rights Campaign, 2011). In an article published as part of a special issue in the *Journal of Counseling Psychology*, Rostosky, Riggle, Horne, and Miller (2009) applied minority stress theory to the experiences of LGB individuals in states that passed such constitutional amendments. The authors found that LGB individuals experienced increased minority stress and higher levels of psychological distress following constitutional amendments limiting marriage to one man and one woman.

Others have also noted that minority stress often accounts for the increased prevalence of mental disorders in the LGB population (Dean et al., 2000; DiPlacido, 1998; Grella et al., 2009; Mays & Cochran, 2001; Meyer, 1995; Meyer, 2003). Dean et al. (2000) conducted a comprehensive review of the literature that suggested LGB men and women may be at increased risk for mental disorders, substance use, and suicide due to social stressors. This review also found that negative social attitudes experienced by sexual minorities are related to their experience of intimacy issues, relationship problems, sexual problems, sexual risk-taking behaviors, and body image issues. Mays and Cochran's (2001) analysis of the National Survey of Midlife Development in the United States showed that higher levels of discrimination may be related to greater psychiatric morbidity risk among LGB individuals. Meyer (2003) and Pachankis (2007) suggest that persons concealing an invisible stigma, like sexual minority status, were just as vulnerable to psychological distress as persons with visible stigmas, and that this distress can manifest as depression, anxiety, hostility, demoralization, guilt, and shame. The implications of these findings suggest that many LGB clients face unique challenges related to social oppression, social exclusion, and stigmatization that negatively affect their social and emotional health.

While this research clearly supports the need for competent clinicians to serve the LGB population, another element of the contemporary socio-political climate impacts the lives of LGB men and women. In spite of the forty-one states that have anti-LGB legislation, six states have passed same-sex marriage laws and 18 states have passed parenting laws allowing same-sex couples to adopt children (HRC, 2011). As a result, the

traditional, hetero-normative conception of family is changing against the backdrop of the previously mentioned anti-LGB climate. Thus, it is not illogical to assume that more LGB couples and families may be visiting mental health professionals as “the internal dynamics of the family vie with the larger socio-political agendas” (Green et al., 2009, p.159). This research clearly supports the need for clinicians to be competent in providing quality, affirming therapeutic services to LGB clients.

### **Do Therapists and Trainees Feel Prepared to Work with LGB Clients?**

Despite the relatively high percentage of MFTs who have LGB clients, Doherty and Simmons (1996) found that only 54% of MFTs felt competent treating this population. Malley and McCann (2002) suggest that many family therapists have failed to adequately consider and attend to oppressive social contexts in which their LGB clients are embedded, which has led to harmful practices. The psychology profession evidences a similar concern. Murphy et al. (2002) note that the APA’s publication of Guidelines for Psychotherapy with Lesbian, Gay, and Bisexual Clients “demonstrates professional concern in regard to the adequacy of psychologist knowledge” of LGB issues (p.183). However, in Allison, Crawford, Robinson, and Knepp’s (1994) survey of 259 clinical and counseling psychology graduates, only one-third felt confident about their clinical work with LGB clients. Garnets et al.’s (1991) finding that 58% of the APA psychologists they surveyed knew of negative practice incidents (i.e., LGB clients were considered sick and in need of conversion therapy) also suggests a lack of adequate knowledge about the LGB population. Research within other mental health fields (see Bieschke, Eberz, Bard, & Croteau, 1998; Casas, Brady, & Ponterotto, 1983; Croteau, Bieschke, Phillips, & Lark,

1998) also notes many of its professionals and graduates indicate a “lack of sufficient levels of self-awareness and knowledge concerning LGB issues” (Dillon et al., 2004, p. 162).

### **LGB Issues in Professional Literature**

For many mental health professionals, the avenue through which they stay aware of and knowledgeable about emerging issues is through relevant professional literature. Scholarly journals remain one of the most important and accessible mediums by which evolving clinical trends and issues are presented to professionals and trainees (Buhrke et al., 1992; Murphy et al., 2002). Unfortunately, if clinicians are depending solely on the literature to obtain or advance their knowledge of LGB issues, they will find disproportionately less information on LGB topics compared to issues related to the heterosexual community. For example, in Buhrke et al.'s (1992) content analysis of six major counseling psychology journals from 1978-1989, only .65% of articles focused on lesbian and/or gay issues. A more recent content analysis that built on Buhrke et al.'s work, which analyzed an expanded list of journals between 1990-1999, revealed that out of a total of 5,628 articles, only 119 (2.11%) focused on LGB issues (Phillips, Ingram, Smith, & Mindes, 2003). Phillips et al. (2003) suggest that the increase in articles is a promising trend, however, the percentage is still extremely low given that nearly 10% of the population identifies as either lesbian or gay (Buhrke et al., 1992).

There is a similar void in the professional literature in the fields of social work and MFT. For example, Clark and Serovich (1997) found that of the 13,217 articles published in MFT related literature between 1975-1995, only 77 (.006%) related to LGB issues or used

sexual orientation as a variable. In a recent follow-up to this content analysis, Hartwell, Serovich, Gafsky, and Kerr (2012) found that in the 17 journals they reviewed from 1996-2010, there were 173 articles that focused on LGB issues (out of 8,781 total articles). While this represents a 238.8% increase in the number of LGB articles, it only represents 2% of the articles written. Van Voorhis and Wagner (2001) reviewed 12 social work journals during 1990-1999. Their findings revealed that 1% of the articles published were focused on LGB issues, and two-thirds of these articles focused solely on HIV or AIDS issues related to the LGB population. There is clearly a paucity of informative scholarly literature for practicing clinicians to access. It is further clear that this lack of literature directly impacts clinical practice. If the body of professional literature is not providing sufficient information to assist clinicians in becoming knowledgeable in LGB issues, what training and educational venues enable practitioners to develop clinical competence with this population? To what extents are training and educational programs able to provide students with sufficient understanding and expertise to work effectively with this minority group? It is reasonable, then, to consider that there may be inadequacies in the preparation graduate programs provide in developing clinical competence with this particular client population.

### **LGB Issues in Ethical Codes and Accreditation Standards**

APA's stance on depathologizing homosexuality was incorporated into their accreditation guidelines in 1979 (Bluestone, Stokes, & Kuba, 1996). Initially, APA accreditation standards required psychology training programs to address cultural and individual diversity by incorporating content that included, but was not limited to, "people

with handicapping conditions; of differing ages, genders, ethnic and racial backgrounds, religions, and lifestyles; and from differing social and individual backgrounds” (APA, 1979, p.4). Currently, the standards require training programs to address diversity as it relates to “personal and demographic characteristics,” including, but not limited to, age, disability, ethnicity, gender, gender identity, language, national origin, race, religion, culture, sexual orientation, and social economic status (APA, 2009, p.6). Further, Domain D of APA accreditation standards require programs to provide students with “relevant knowledge and experiences about the role of cultural and individual diversity in psychological phenomena and professional practice” (APA, 2009, 2010).

Other mental health professions included anti-discrimination statements in their codes of ethics and accreditation standards as well, although the pace at which these changes have occurred has varied. For example, the National Association of Social Work (NASW) added an anti-discrimination statement in its code of ethics in 1976; while in 1982, the Council on Social Work Education (CSWE) called for social work programs to provide “content related to oppression and to the experiences, needs, and responses of people who have been subjected to institutional forms of oppression” (Black, Oles, & Moore, 1998, p.166). The social work field eventually added additional verbiage in its standards in the 1994 Curriculum Policy Statement that required programs to include content on the effects of discrimination and oppression on gays and lesbians (CSWE, 1994).

The American Association for Marriage and Family Therapy (AAMFT) did not add a statement to its code of ethics until 1991. The current ethical principle requires “marriage and family therapists provide professional assistance to persons without discrimination on

the basis of race, age, ethnicity, socioeconomic status, disability, gender, health status, religion, national origin, or sexual orientation” (AAMFT, 2012). Then in 1997, the Commission on the Accreditation of Marriage and Family Therapy Education (COAMFTE) included sexual orientation in its requirements for MFT programs to address diversity by infusing “their curriculum with content that addresses issues related to power and privilege as they relate to age, culture, environment, ethnicity, gender, health/ability, nationality, race, religion, sexual orientation, spirituality, and socioeconomic status” (Long & Serovich, 2003, p.62). In the most recent version of the standards, the verbiage falls under Standard 1: Program Quality and reads:

Educational outcomes of the program are congruent with those of the parent institution. Graduates will meet clear standards of achievement that are demonstrated through explicit assessment of performance. Expected student learning outcomes are congruent with the mission, philosophy, goals and objectives of the program and the institution. These student learning outcomes reflect marriage and family therapy philosophy, standards, and guidelines; consider the needs and expectations of the communities of interest; and recognize an understanding and respect for cultural diversity (COAMFTE, 2005).

Cultural diversity is later defined in the glossary as “representation of multiple groups in the student body, supervisors, and faculty with regard to gender, race, ethnicity, sexual orientation, age, culture, environment, health/ability, nationality, religion, spirituality, and socio economic status.” Finally, the COAMFTE addresses diversity in the preamble by stating that it:



...seeks to enhance the diversity of our programs in terms of age, culture, ethnicity, gender, physical ability, religion, sexual orientation, and socio-economic status, without disregarding the rights of religiously affiliated institutions and institutions outside of the United States. Religiously affiliated institutions that have core beliefs directed toward conduct within their communities are entitled to protect those beliefs. All institutions are exempt from those standards that would require them to violate the laws of their states or provinces.

The second half of the statement has garnered some criticism from the field. While COAMFTE-accredited programs are required to have a anti-discrimination statement, Long and Serovich (2003) contend that the latter part of the preamble allows administrators and faculty to discriminate against LGB persons if the program is housed in an institution that is faith-based and whose religious tenets are opposed to LGB orientations and relationships.

While the accrediting bodies of the major mental health professions have called for the infusion of LGB issues into their curricula (Long & Serovich, 2003), there is a paucity of research about how well graduate programs are integrating LGB issues into their training and supervision. The research that does exist raises question about the effectiveness of training programs to incorporate more LGB issues in their curricula (Allison et al., 1994; Bepko & Johnson, 2000; Buhrke, 1989; Carlson et al., 2012; Glenn & Russell, 1986; Graham et al., 1984; Mackelprang, Ray, & Hernandez-Peck, 1996; Morrow, 1996; Murphy, 1991; Murphy et al., 2002; Phillips & Fischer, 1998; Rock et al., 2010; Whittman, 1995).

## The Current State of LGB Issues in MFT Graduate Training

**Coursework.** The training that marriage and family therapists (MFTs) receive during their graduate programs is arguably the most significant training they will receive throughout their careers (Halpert & Pfaller, 2001; Hernandez & Rankin, 2008). Both Marshall and Wieling (2000) and McDowell and Shelton (2002) have contended that this places faculty and supervisors within MFT training programs in a unique and integral position to promote competence related to diversity and social justice, particularly as it relates to marginalized populations like the LGB community. Through clinical supervision, training opportunities, and didactic instruction, MFT faculty and supervisors have an opportunity to prepare students to work effectively with the LGB community prior to their formal entrance into the field. However, in a recent study by Rock et al. (2010) of MFT master's and doctoral students, 60.5% reported having received no training on affirmative therapy practices, and 62.6% reported having received no training on LGB identity development models. Previously, Green et al.'s (2009) study on MFTs' comfort level working with LGB individuals, couples, and families found that 65% of respondents reported that they learned about "sexual orientation issues during graduate training" (p. 166). The degree to which MFT training programs have successfully integrated LGB training into their programs is thus still unclear. A handful of authors (Carlson et al., 2012; Charlés, et al., 2005; Godfrey, Haddock, Fisher, & Lund, 2006; Green, 1996; Hernandez & Rankin, 2008; Long & Serovich, 2003; Rock et al., 2010) have offered suggestions for how to integrate sexual minority information into training, but no comprehensive study has looked specifically at the degree to which this is occurring across theory, research, and

practice within MFT graduate training. This lack of clarity around integration LGB issues mirrors a similar trend on the integration of diversity issues in MFT program curricula and clinical training (Rigazio-DiGilio, Borders, Ellis, Mattell, & LaPlante, 2008; Winston & Piercy, 2010).

Other mental health disciplines, particularly psychology and social work, have better addressed the extent to which graduate training is preparing students for work with the LGB population (Charl s, et al., 2005; Rock et al., 2010). However, based on studies that assessed trainees' experiences with LGB issues and/or their attitudes about working with the LGB population, it appears that graduate training does not adequately prepare students to competently work with LGB individuals, couples, and families (Allison et al., 1994; Croteau, Bieschke, Phillips, & Lark, 1998).

Several studies have documented a paucity of attention to LGB issues in psychology training programs (e.g., Allison et al., 2004; Burhrke, 1989; Glenn & Russell, 1986; Murphy, 1992; Murphy et al., 2002; Phillips & Fischer, 1998; Pilkington & Cantor, 1996). For example, Pilkington and Cantor (1996) found that "coverage of sexual orientation issues was rare, with most topics being addressed in fewer than 25% of students' courses" (p. 610). The authors also noted that there was evidence that some students were actually discouraged from pursuing research on topics on sexual orientation.

In Buhrke's (1989) study of 213 female doctoral students in counseling psychology, 29% reported that LGB issues were not incorporated into any of their coursework. For those who did report courses addressing LGB issues (71%), coverage of these issues averaged 8% of course time. Further, nearly 50% reported never providing clinical

services to LGB persons while in their training program. Allison et al.'s (1994) survey of 259 clinical and counseling psychology graduates revealed that only 34% of respondents said that there was any sort of diversity course available during graduate training, and only one-third felt confident about their ability to work with LGB clients.

Similarly, Phillips and Fischer's (1998) study of doctoral training experiences of counseling and clinical psychology graduate students with LGB issues suggested that a majority of these students "did not feel adequately prepared by their graduate course work to work with LGB clients compared to heterosexual clients" (p. 725). Nearly 85% reported that there was not an LGB course available and only 51% reported that they had taken a multicultural course that included some LGB content. Within clinical training, the modal number of LGB clients that students reported seeing was zero. In both didactic and clinical training, almost half of the students said they were not challenged to discuss or explore heterosexist bias. Some of the students who said they were challenged to explore their heterosexist bias qualified this statement by noting that it was at their own initiative, not that of the faculty.

These findings are supported by Murphy et al.'s (2002) study of 125 APA members. Only 10% of the respondents reported the availability of an LGB course during graduate training (with only half of those respondents actually having taken the course if it was offered), 22% said their graduate program offered other forms of training on LGB issues, and only 14% reported the presence of internship or postdoctoral training opportunities that had an LGB emphasis. Sherry, Whilde, and Patton (2005) also found a lack of integration of LGB issues into coursework at APA-accredited training programs. In their

survey of 104 training directors at APA-accredited clinical and counseling psychology programs, only 21% reported that LGB “issues are integrated into all course work,” such that “all program faculty can specify how this is done in their course” and that the syllabi clearly reflect this LGB inclusion (p. 117).

Several researchers also have suggested that there is a lack of adequate and competent training in LGB issues within social work and counselor education (e.g., Burhke, 1989; Carroll & Gilroy, 2001; Epstein & Zak, 1993; Mackelprang, Ray, & Hernandez-Peck, 1996; Morrow, 1996; Newman, Bogo, & Daley, 2009). For example, Morrow (1996) conducted a survey of LGB content in 27 social work textbooks and found that 44.4% of the texts had little or no content on LGB issues. In addition, Mackelprang et al.'s (1996) study that surveyed social work program directors about their efforts to hire faculty, recruit students, and include content in their curricula on diverse groups suggests that LGB persons received relatively little attention. Further, only one-third of the programs placed very strong emphasis on including curriculum content on sexual orientation. Epstein and Zak (1993) suggested that there are four factors limiting this inclusion of LGB content in social work education: homophobia and heterosexism, social work's roots in family oriented values, the depth of other content areas, and uncertainty about what LGB content to include.

Within counseling, Buhrke (1989) noted that “counselor trainees have had little exposure” to the needs of LGB clients (p. 77). Other researchers have suggested that few counselor education training programs offer specialized coursework or formal training addressing the LGB population (e.g., Barrett & McWhirter, 2002; Carroll & Gilroy, 2001;

Whitman, 1995). Glenn and Russell's (1986) survey of bias among graduate students in counseling programs support these assertions. Only two respondents (out of 36) noted receiving any kind of training related to counseling LGB persons.

The research clearly evidences a lack of adequate information about LGB issues in graduate coursework, textbooks, and specialized training opportunities. Additionally, one of the most significant elements of most mental health graduate training is its clinical training component, which includes practicum, supervision, or other fieldwork experiences.

**Clinical training and supervision.** One of the most integral components of graduate clinical programs is clinical training and supervision (Halpert & Pfaller, 2001; Storm, Todd, Sprenkle & Morgan, 2001). Both trainees and supervisors have identified the clinical component of supervision as one of the most significant aspects of their training (e.g., Brock & Sibbald, 1988; Bruss, Brack, Brack, Glickaug-Hughes, & O'Leary, 1997; Hensley, 2002; Hernandez & Rankin, 2008; Newman et al., 2009). There is agreement in the field that goals of clinical training and supervision include furthering students' levels of clinical skill, theoretical knowledge, personal growth, and overall effectiveness as a therapist (Anderson, Schlossberg, & Rigazio-DiGilio, 2000; Lee, Nichols, Nichols, & Odom, 2004; Liddle, 1988; Morgan & Sprenkle, 2007; Pfohl, 2004; Schwartz, 1988; Storm, et al., 2001). Successful clinical training is largely influenced by the supervisor/supervisee relationship, and the importance of this relationship is well documented in the literature across fields (Alderfer & Lynch, 1986; Bogo, 1993; Brock & Sibbald, 1988; Kaiser, 1992; Long, Lawless, & Dotson, 1996; Morgan & Sprenkle, 2007).

The influence of contextual variables on the supervisory process and relationship has been of focus of mental health researchers and practitioners for some time (Bernard & Goodyear, 2009; Burkard et al., 2009; Preli & Bernard, 1993). However, relatively absent from this discourse are the ways in which LGB topics and issues influence supervision (Charles et al., 2005). Since supervision is often considered one of the most important mediums through which therapy is taught to trainees (Kaiser, 1992; Morgan & Sprenkle, 2007; Watkins, 1997), it is reasonable to assume that the supervisory environment could provide opportunities for trainees to learn about LGB topics and issues and the ways in which such issues influence their clinical work. Green et al. (2009) suggested that “clinical supervision could serve as an opportunity for self-exploration and self-awareness in regard to a variety of diversity issues, including sexual orientation” (p. 167). However, the current body of literature suggests that LGB topics are not adequately being addressed within supervision.

In Green et al.'s (2009) survey of MFTs, only 46% of respondents reported that they learned about LGB issues during their graduate training supervision. While Buhrke (1989) found that doctoral psychology students felt supervision geared toward self-identified LGB clients was moderately helpful, they also noted that it was not as helpful as supervision with heterosexual clients due to the supervisor's lack of knowledge about LGB concerns. Murphy et al.'s (2002) survey of clinical psychologists revealed that supervision was the second most common type of training received regarding LGB issues (46%), however half felt that their supervisors had inadequate knowledge about LGB issues. Similarly, Phillips and Fischer's (1998) study of counseling and clinical psychology graduate students

revealed that nearly 75% reported not having a supervisor whose expertise included LGB issues.

In addition, Gatmon et al. (2001) found that only 12.5% of counseling supervisees reported discussing sexual orientation within the supervision context, with more than half of the discussions being initiated by the supervisees. However, when supervisees did discuss sexual orientation, they reported higher levels of satisfaction with supervision. In one of the most alarming findings, Pilkington and Cantor (1996) found that 50% of respondents reported experiencing bias or discrimination within supervision. Some of these experiences included derogatory comments toward LGB students or clients by supervisors, the use of pathologizing language regarding LGB people, and comments about curing homosexuality. The only study that refutes these findings is that of Sherry et al. (2005), who found that 94.3% of APA doctoral training programs address LGB issues within supervision. However, it is important to note that this sample consisted of program directors only; it did not include the perspective of the graduate students, nor did the authors ask follow-up questions about the ways in which LGB issues were addressed in supervision and/or how often.

Long (1997) suggested that it is crucial to address sexual orientation within the supervisory context in order to “encourage supervisees to learn about differences, accept differences, and develop an awareness of their personal biases regarding sexual orientation” (p. 59). Further, by addressing sexual orientation within this context, supervisors have an opportunity to engage in critical discourses around the presence of heterosexist bias to create a more affirming supervisory environment for supervisees (Long



1996, 1997; Long & Bonomo, 2006; Pilkington & Cantor, 1996). While addressing heterosexist bias is integral to supervision with all supervisees (Long, 1996, 1997), it is particularly relevant when working with LGB supervisees. Unfortunately, there are few empirical studies that specifically address the experience of LGB supervisees (Burkard et al., 2009), and those that do highlight the importance of creating an LGB-affirming environment for these supervisees.

In Pilkington and Cantor's (1996) study that consisted mostly (97%) of LGB psychology trainees, they found significant evidence of bias within supervision (e.g., stereotyping, pathologizing, and negative comments about LGB persons by supervisors). A study by Harbin, Leech, and Eells' (2008) used the concept of homonegativism within supervision, and their findings suggested that such bias adversely affects the "process and outcomes of supervision between a heterosexual supervisor and LGB trainee" (p. 69). Their study consisted of 59 supervisory dyads; for the dyads that consisted of a heterosexual supervisor and an LGB trainee, the less homonegativity among the supervisors was related to LGB trainees' perception of the supervisor as more interpersonally sensitive.

Several studies within the field of social work address the experience of LGB trainees as well (Messinger, 2004, 2007; Newman et al., 2008, 2009). Messinger's (2004) qualitative study of 30 lesbian and gay social work trainees revealed several barriers to their feeling affirmed and comfortable within their field placements. A majority of trainees expressed feelings of lack of safety, homophobia, and heterosexist bias within their field placements. Some trainees expressed fear that disclosure of their sexual orientation to

their field instructor would be negatively received and have negative consequences on their evaluations and future employment. Newman et al.'s (2008) results further support this finding. In their study of the LGB trainee-field instructor relationship, trainees perceived that their sexual orientation would be judged "in a prejudicial manner" and would have "possible deleterious consequences to their grades and their future careers as social workers" (p. 231). However, if LGB trainees experienced their field-instructors as open and proactive in their communication, they felt greater comfort within the relationship and thus safer in their LGB identity. The authors further suggested that when trainees' feared being judged, their ability to engage in the field-education relationship was compromised, as was their work with clients. The authors' follow-up study of field-instructor perspectives validated these findings and also offered that "a student-field instructor relationship that provides ongoing opportunities for lesbian and gay students to process their assessments and experiences with a competent field instructor may be invaluable to students" (Newman et al., 2009, p. 21).

Other authors also have noted the importance of safety and an LGB-affirmative environment to LGB trainees and supervisees (Burkard et al., 2009; Lark & Croteau, 1998). Lark and Croteau's (1998) study of LGB doctoral students mentoring relationship with faculty found that when students felt affirmed and safe in their LGB identities within the training environment, they were able to fully engage in their training. If they were not affirmed, most of their energies were focused on survival within the non-affirming environment. While they noted the role of institutional or individual factors contributing to

this sense of affirmation, most LGB students identified their mentors as most influential in creating an affirmative environment.

Burkard et al.'s (2009) recent study clearly highlights the importance of LGB-affirmative environments for trainees, specifically within supervision. The authors interviewed 17 LGB-identified, doctoral psychology students to assess their experiences of LGB-affirmative and non-affirmative supervision events. LGB-affirmative events included supervisors' (a) acceptance of LGB identities, (b) awareness of their own beliefs and biases about LGB identities, (c) respect for supervisees who identify as LGB, (d) knowledge about LGB issues and heterosexist bias, and (e) ability to use supervision to educate all supervisees about such issues and biases. Non-affirming events were considered those in which the supervisor (a) was neutral about LGB concerns, (b) did not incorporate LGB issues within supervision, or (c) displayed heterosexist bias that marginalized or pathologized supervisees or clients that were LGB. For those who experienced the affirming events, most indicated that it had a positive effect on them, the supervisory relationship, and their clinical work. Supervisees stated that they felt "supported by their supervisors, specifically feeling affirmed, validated, and respected" and that the event increased their confidence when working with LGB clients (p. 182). For those who experienced non-affirming events, supervisees reported that their supervisors were biased and/or oppressive towards them or their LGB clients. Almost all supervisees who experienced non-affirming events reported that it negatively impacted them, the supervisory relationship, and their clinical work. For example, supervisees stated that their supervision felt unsafe, that they felt "cheated out of training," and that "clinical service had

been compromised” (p. 183). Given the centrality and importance of supervision and the supervisory relationship in graduate clinical training, it is apparent that programs must consider the impact and consequences of failure to adequately and effectively address LGB issues.

Based on the review of the literature within MFT and other mental health disciplines, an area that requires attention is capturing the voices and experiences of trainees. Information gathered from the perspective of administrators, faculty, and supervisors provides only a partial understanding of the extent to which MFT training programs are integrating LGB issues. However, some of the most practically relevant information about training and supervision comes from the perspective of those receiving it. By seeking the feedback of current MFT supervisees, particularly LGB supervisees, their perspectives can be used to enhance clinical training and supervision practices. If we do not, we are negating an integral part of the training system. Additionally, the perspectives of LGB supervisees can provide a wealth of information that could facilitate the creation of more affirmative training environments.

### **Integration of LGB Issues in MFT Graduate Training**

Several authors suggest that faculty and administrators must overtly acknowledge the challenges of incorporating LGB issues in training before they attempt to infuse it in their programs (Bieschke et al., 1998; Greene, 1994; lasenza, 1989; Long & Serovich, 2003). lasenza (1989) notes the importance of acknowledging that “education is a socialization process that imparts the values of the dominant culture” (p.73). Greene (1994) also suggests that social influences of heterosexist bias and homophobia have made it

difficult for psychology training programs to effectively infuse LGB issues into their curricula, while Bieschke et al. (1998) contend that these factors do not allow programs to establish LGB-affirmative training environments. Long and Serovich (2003) also identify such challenges of incorporating LGB issues and also suggest that many faculty within MFT programs “either openly resist or pay lip service to becoming more open, positive, and knowledgeable about” the LGB population and issues (p. 61).

By overtly addressing the obstacles that make it difficult to integrate LGB issues in training, faculty and administrators will be primed to address the social influences of heterosexism and homophobia within their own programs. These researchers call for faculty and administrators to challenge their own biases and how they influence theory, research, and clinical training within graduate programs. Even with these challenges and the lack of attention to LGB issues in graduate training, researchers across fields have offered suggestions on how to integrate this knowledge into training curricula (Bahr, Brish, & Croteau, 2000; Biaggio et al., 2003; Buhrke, 1989; Carroll & Gilroy, 2001; Croteau et al., 1998; Dillon et al., 2004; Fletcher & Russell, 2001; Gerdes & Norman, 1998; Green, 1996; Godfrey et al., 2006; Iasenza, 1989; Long & Serovich, 2003; Pearson, 2003; Whitman, 1995).

**Program initiatives.** Researchers recommend that training programs actively recruit and attempt to retain LGB faculty and students (Biaggio et al., 2003; Long & Serovich, 2003; Phillips & Fischer, 1998). The increased inclusion of LGB faculty and students can “prompt the kind of open discussion of sexual orientation that will foster a safe and affirming atmosphere for sexual minority faculty, staff, and students” (Biaggio et

al., 2003). However, as Biaggio et al. (2003) contend, having just one LGB faculty should be avoided because an individual faculty member with personal and professional expertise in LGB topics “typically become overwhelmed with requests to address” all LGB-related educational needs (p.553). If this is the case, programs should make consistent efforts to provide diversity trainings and colloquia that specifically address LGB issues (Burkard et al., 2009; Long & Serovich, 2003; Pilkington & Cantor, 1996). Providing such training opportunities on a regular basis can help existing faculty increase their knowledge of LGB issues and better equip them to educate students.

Others (Burkard et al., 2009; Long & Serovich, 2003) advocate for the creation of departmental policies and procedures regarding heterosexist bias and homophobia. Burkard et al. (2009) further suggest the creation of “remediation policies and procedures to address acts of bias by faculty or supervisors within departments or programs” in order to create more affirmative training environments for both faculty and students (p. 187). Carlson et al. (2012) supports the adoption of official program statements and policies as a means of developing an affirming training environment. They suggest it is important for programs to establish “an official statement that clearly identifies the program as being LGB affirmative and committed to training students to provide competent services to the LGB community” (p. 11). Pilkington and Cantor (1996) encourage programs to create diversity task forces “to implement policies to ensure that course content and training are culturally sensitive and representative” (p.610).

**Coursework.** Most agree that LGB information should be incorporated into all coursework, not just attended to within a multicultural or diversity course (Biaggio et al.,

2003; Long & Serovich, 2003; Rock et al., 2010). Biaggio et al. (2003) suggest that if LGB issues are just incorporated into a specific course, the “program may marginalize that content” (p.552). Others (Croteau et al., 1998; Gerdes & Norman, 1998; Green, 1996) echo the need for programs to address sexual minority issues in didactic training by including a specific course in LGB issues. Green (1996) and Long and Serovich (2003) also offer many examples of how to integrate such content into coursework, such as (a) incorporating readings that contain sexual minority topics in all classes, (b) using films with LGB content or persons, (c) incorporating examples of LGB persons in role plays, and (d) inviting LGB persons as guest speakers.

In order to include appropriate content in course(s), Phillips and Fischer (1998) suggest that faculty and administration learn how to include LGB issues in a comprehensive manner. Rock et al. (2010) suggests that educators need to take it a step further by ensuring that their teaching is “informed by a positive view of LGB individuals and relationships” (p. 183). Bahr et al. (2000) suggests that one way faculty and administrators can learn how to infuse LGB issues is by delving into the LGB-affirmative literature base. This may include information from particular scholarly journals like the *Journal of Gay and Lesbian Social Services*, *Journal of LGBT Issues in Counseling*, and *Journal of Lesbian and Gay Studies*. Other resources to help faculty with curriculum integration include publications from APA Division 44, a compilation of sexual minority abstracts (e.g., Anderson & Adley, 1997), and using comprehensive texts on sexual orientation that take an affirmative stance (e.g., *Lesbian, Gay, and Bisexual Identities over the Lifespan: Psychological Perspectives* by D’Augelli & Patterson). For further guidance,

Buhrke (1989) provides a helpful primer of resources that faculty can use to infuse LGB topics in a variety of courses.

Lack of scholarship focusing on LGB issues in many major mental health journals (see Buhrke et al., 1992; Clark & Serovich, 1997; Hartwell et al., 2012; Phillips et al., 2003) has led some to suggest that training programs should encourage research on LGB topics (Biaggio et al., 2003; Carlson et al., 2012; Hernandez & Rankin, 2008). This is in stark contrast to Pilkington and Cantor's (1996) finding that many graduates were discouraged from conducting such research. Graduate students reported that they were warned of negative career consequences, experienced a general lack of support for conducting LGB research from their advisors, and overt refusal from advisors to participate in any research that had an LGB focus. Respondents in Buhrke's (1989) study reported that no faculty in their programs were engaged in LGB research. Consequently, Bieschke et al. (1998) stress the importance of creating research environments that are LGB-affirmative by incorporating a commitment to LGB research in department mission statements, infusing LGB topics into research methods courses, and offering conferences and workshops for students to present their LGB research.

**In the classroom.** Another key component of curriculum infusion includes addressing heterosexist attitudes and bias within the classroom (Bahr et al., 2000; Biaggio et al., 2003; Fletcher & Russell, 2001; Gerdes & Norman, 1998; Phillips & Fischer, 1998; Pilkington & Cantor, 1996). Overtly attending to students' awareness of their own heterosexist bias and attitudes and the impact this has on LGB persons is integral to increased competence of sexual minority issues (Croteau et al., 1998). Gerdes and



Norman (1998) suggest that “students must be given an opportunity, in a safe environment, to develop an awareness of and explore their value system” related to LGB identities (p. 148).

Addressing heterosexist bias in the classroom setting can take a variety of forms, but integral to any approach is the ability of faculty to initiate dialogue about how the hetero-normative, dominant culture influences our values, judgments, and biases. Carlson et al. (2012) suggest that faculty engage in a process of “critical self-reflection” with students around beliefs about sexual orientation and LGB individuals, couples and families (p.11). Fletcher and Russell (2001) encourage faculty to be overt with students about how they will challenge their existing values and knowledge base within the classroom. Long and Serovich (2003) suggest that faculty pay particular attention to the use of language among students, ensuring that students use language that is respectful, inclusive, and not marginalizing. Godfrey et al.'s (2006) findings from their Delphi study of mental health professionals with expertise in LGB issues suggested a productive way to address heterosexist bias within the classroom is to include an assignment that requires students to write about their own values regarding sexual orientation and “their goals for reducing heterosexism within their own lives, families, work settings, and schools” (p.500). Biaggio et al. (2003) also suggest that faculty awareness of heterosexist bias be raised, specifically noting the research that reveals a large number of students experience heterosexist bias in training (e.g., Phillips, 2000; Pilkington & Cantor, 1996). There is agreement in the research that this dialogue on heterosexism should not be confined to the classroom, but should also be addressed in clinical training and supervision.

**Clinical training and supervision.** In order for supervisors to effectively address LGB topics within supervision, supervisees need to be provided with opportunities to work with LGB clients (Bahr et al., 2000; Carlson et al., 2012; Godfrey et al., 2006; Halpert & Pfaller, 2001; lasenza, 1989; Long, 2002; Long & Serovich, 2003). Thus, supervisors and training programs must actively recruit LGB clients for their university clinics and internship sites. Bahr et al. (2000) also encourage supervisors and training programs to foster relationships with LGB community organizations to expand internship opportunities for supervisees. Other recommendations include making university clinics and internship sites LGB-affirmative by including sexual minorities in clinic brochures and ensuring there are LGB resources and pamphlets in clinic waiting rooms (Long & Serovich, 2003).

As opportunities for supervisees to engage with LGB clients' increases, supervisors must then be prepared to address a variety of issues that arise around sexual minority issues. The process of supervision provides faculty and supervisors a unique opportunity to address LGB topics and issues with supervisees, which directly impacts their development as a clinician, as well as the lives of their clients. Thus, it is critically important that training programs ensure faculty and supervisors are competent about the unique needs of and challenges experienced by sexual minorities (Biaggio et al., 2003; Long, 2002).

Long (2002) suggests that supervisors increase their knowledge about LGB issues by seeking out personal and professional relationships with LGB persons. By doing so, supervisors get a richer picture of the unique challenges of this invisible minority by not

simply reading about them, but by actually knowing “persons who struggle with these issues on a daily basis” (p.63). Others (Bahr et al., 2000; Long & Serovich, 2003) also suggest that supervisors become aware of the common stereotypes of LGB persons (e.g., the concept of lesbian fusion, LGB relationships are not as stable as heterosexual relationships, etc.), and the research that exists that negates such stereotypes. Godfrey et al. (2006) support these recommendations and also encourage supervisors to enhance their knowledge through continuing education opportunities (e.g., workshops and conferences with an LGB focus), volunteering within the LGB community, and joining professional LGB organizations.

Another area that supervisors must be prepared to address and challenge is heterosexist bias and homophobia in supervisees (Bahr et al., 2000; Bruss et al., 1997; Buhrke, 1989; Godfrey et al., 2006; Halpert & Pfaller, 2001; lasenza, 1989; Long, 2002; Long & Bonomo, 2006; Long & Serovich, 2003, Pilkington & Cantor, 1996; Whitman 1995). Long (2002) suggests that the first step in challenging heterosexist bias and stereotypical thinking in supervisees is for supervisors to consistently monitor their own biases. This can occur through consultation with other professionals (especially those who identify as LGB) and/or reviewing tapes of supervision sessions related to sexual orientation. Long and Serovich (2003) support this suggestion and contend that if supervisors are unaware of their own biases and stereotypical thinking, they will often lack the ability to recognize and address it with supervisees. By monitoring their own biases and assumptions, supervisors also model an affirmative attitude about sexual minorities to their supervisees (Bahr et al., 2000; Long, 2002).

Supervisors can directly address heterosexist bias and homophobia in supervisees in a variety of ways. For example, supervisors can challenge anti-LGB humor, comments, and stereotypes that marginalize sexual minorities which arise in supervision (Bahr et al., 2000; Hernandez & Rankin, 2008; Pilkington & Cantor, 1996). Long (2002) recommends that supervisors pay special attention to the language used by supervisees when discussing LGB topics or clients. In particular, supervisors should challenge supervisees' use of language that assumes heterosexuality (e.g., husband/wife vs. partner or spouse, sexual intercourse vs. sexual activity, etc.). Long and Serovich (2003) also suggest refraining from particular terminology, such as homosexual, as it may perpetuate bias based on its historical tradition of pathology. While addressing the use of language, supervisors also have the opportunity to initiate dialogue among supervisees about sexual orientation issues, including personal values, myths, stereotypes, and fears (Iasenza, 1989). Godfrey et al. (2006) suggest this dialogue can be embodied in self-of-the-therapist work. Specifically, supervisees should be required to critically examine, evaluate, and challenge their own biases and assumptions about sexual orientation that inform their worldview and how it impacts their therapy. Supervisors who encourage this type of self-of-the-therapist work provide supervisees an opportunity to "learn about and accept differences, as well as develop an awareness of their personal biases" (Long & Bonomo, 1996, p.154).

Addressing heterosexist bias and homophobia within supervision can be complex and often affects the supervisory relationship (Halpert & Pfaller, 2001). As such, some have applied specific supervision models for addressing LGB issues within supervision (Bruss et

al., 1997; House & Holloway, 1992; Russell & Greenhouse, 1997). Bruss et al. (1997) adapted Stoltenberg and Delworth's (1987) model of supervision to address LGB issues that arise in supervision. Specifically, they suggest that supervisors take a developmental approach with supervisees who are working with LGB clients. For example, in the initial developmental phase, supervisors should focus on educating supervisees about LGB issues, since this phase is generally characterized by supervisees' dependence on supervisors. This will also allow supervisees to develop more comfort working with LGB clients based on their increased knowledge. As supervisees develop, Bruss et al. (1997) suggest that supervisors move toward challenging supervisees to address their own homophobia and heterosexist bias in order to cultivate more autonomy as clinicians.

House and Holloway (1992) emphasize the importance of gaining knowledge and skills, as well as experiencing a sense of personal efficacy within supervisory and therapeutic relationships related to LGB topics. Supervisors should take a posture of support and empowerment with supervisees with the intention that this empowerment will infuse therapy with the supervisees' client(s), especially since many LGB clients have reported feeling a sense of disempowerment (Halpert & Pfaller, 2001). Russell and Greenhouse's (1997) model of supervision emphasizes the role of homonegativity. They argue that homonegativity, defined as "any cognitive, affective, or social forms of homophobia and heterosexism" (p.27), has the potential to silence the discussion of sexual orientation within supervision. Therefore, they highlight the importance of dominant culture supervisors to proactively address how their privileged status influences if and how they address LGB issues in supervision.

**LGB trainees.** The efforts to integrate LGB issues into program-wide initiatives, coursework, research, clinical training, and supervision is an essential component of creating affirmative training environments for all trainees. Establishment of affirmative training environments becomes even more salient for trainees who identify as LGB. In addition to the suggestions already offered by the research to integrate LGB topics into training, some researchers have focused more on the needs of LGB trainees. Long and Serovich (2003) suggest that administrators, faculty, and supervisors consider the following question: "Would gay, lesbian, and bisexual trainees feel comfortable disclosing their sexual orientation within the environment of this program?" (p.65).

Faculty and supervisors play such an integral role in the development of all trainees. The relationship between faculty/supervisors and LGB trainees has the potential to be the primary support and mentorship instrument for these trainees to successfully navigate their graduate experience (Lark & Croteau, 1998; Long & Serovich, 2003). Lark and Croteau's (1998) study on the impact of LGB trainee and faculty mentoring relationships found that LGB trainees identified their mentoring relationships with faculty as one of the most important aspects of their training, "often related to their completion/survival in the program, their socialization into the profession, and their shaping of future career plans" (p.767). When LGB trainees felt a sense of safety and affirmation about their sexual orientation from their mentors, they had more energy and focus to put toward their training. Further, when they did not feel safe and affirmed, most of their graduate experience was focused on survival in their graduate training.

Similarly, Newman et al. (2008) found that when social work trainees felt safe enough to self-disclose their sexual orientation to field instructors, their learning experience and opportunities were enhanced. When they did not feel safe disclosing their sexual orientation to field instructors, they felt isolated, less included, and distracted in the learning environment. Trainees also noted that the fear of negative consequences of their disclosure (e.g., poor evaluations from field instructors, lack of future employment, non-acceptance from field instructors and agency staff, etc.) made it even more difficult to engage in the learning process (Messinger, 2004, 2007; Newman et al., 2008, 2009). In a follow-up study by Newman et al. (2009), field instructors supported this finding and noted that trainees' comfort level in disclosing their sexual orientation affected trainees' "ability to engage effectively and in a professional manner with clients" (p.11). These findings confirm previous studies in the social work literature that identified feelings of lack of safety and affirmation as a major obstacle in the training experiences of LGB trainees (Messinger, 2004, 2007).

Long (1997, 2002) suggests that LGB supervisees are often concerned about the ramifications their sexual orientation on their training. She also contends that LGB supervisees may face additional challenges within supervision, including lack of acceptance by supervisors and other supervisees, becoming silenced by their marginalized status, and the responsibility of educating supervisors and supervisees about heterosexist bias and homophobia in order to create a more affirmative supervision environment.

Burkard et al.'s (2009) study of LGB supervisees' experiences of supervision highlights the impact of affirming and non-affirming supervision events on LGB supervisees. Those who experienced non-affirming supervision "became distrustful of and psychologically withdrew from supervision" (p.186). Of additional concern was that supervisees who experienced non-affirming supervision felt that clinical services to their clients were compromised. However, supervisees who experienced affirmative supervision felt that the supervisor was competent, open, and accessible, which strengthened the supervisory relationship. As such, supervisees reported positive effects on their clinical work. This clearly highlights the importance of creating affirmative training and supervision environments for LGB trainees.

Several scholars have offered suggestions of how to create affirmative environments for LGB trainees and supervisees (Bahr et al., 2000; Burkard et al., 2009; Carlson et al., 2012; Charlés et al., 2005; Hernandez & Rankin, 2008; Lark & Croteau, 1998; Long, 2002; Long & Bonomo, 2006; Long & Serovich, 2003; Messigner, 2004, 2007; Newman et al., 2008, 2009; Pfohl, 2004; Pilkington & Cantor, 1996). The literature suggests the need for programs to recruit and retain openly LGB faculty and supervisors (Bahr et al., 2000; Lark & Croteau, 1998; Long & Serovich, 2003; Messigner, 2004). Open LGB faculty and supervisors can be integral supports and mentors for LGB trainees throughout the course of their graduate experience (Lark & Croteau, 1998; Messigner, 2004). There is also agreement in the literature that an integral component of LGB-affirmative training environments entail faculty and supervisors becoming educated about sexual orientation issues so they can better understand the experiences of their LGB



supervisees. This includes knowledge about sexual orientation identity development models (Messigner, 2004, 2007; Pfohl, 2004), common stereotypes applied to LGB individuals (Long, 2002; Long & Serovich, 2003), and the role of heterosexism and homophobia (Long & Bonomo, 2006; Messigner, 2004; Newman et al., 2008; Pfohl, 2004). This knowledge will allow supervisors to better understand the range LGB identity integration among supervisees, so they can more effectively support their LGB supervisees.

Another common recommendation includes the creation of environments characterized by acceptance, safety, and support for sexual minority trainees. Faculty and supervisors can signal their support by displaying symbols or signs of LGB-affirmation (Bahr et al., 2000; Lark & Croteau, 1998, Long & Serovich, 2003) and making supervisees aware of institutional and community support resources (Bahr et al., 2000; Messigner, 2004; Long & Serovich, 2003). Within the supervisory environment, the most integral component of creating LGB-affirmative supervision included supervisors' willingness to proactively dialogue about sexual orientation issues. This includes the ability of supervisors to engender an atmosphere of openness and acceptance so heterosexism and homophobia can safely be explored and challenged (Charlés et al., 2005; Long, 2002; Long & Serovich, 2003; Messinger, 2007; Newman et al., 2008; Pfohl, 2004). Pfohl (2004) suggests that supervisors who are willing to actively dialogue about heterosexism and homophobia provide reassurance to their LGB supervisees that "diversity is important, understood, and valued by the supervisor" (p.149). Hernandez and Rankin (2008) also stress the importance of this dialogue in acknowledging roles of power and privilege,

which may allow LGB supervisees “develop confidence in speaking from a position of marginalization”(p.261).

### Chapter 3: Methodology

This study used a semi-structured interview format (Berg, 2006) to identify LGB-affirmative and non-affirmative supervision events as perceived by self-identified LGB masters' and doctoral MFT supervisees, and the ways in which these experiences contributed to their personal and professional development, the supervisory relationship, and their work with clients. Data analysis applied consensual qualitative research (CQR) methods (Hill et al., 1997, 2005) to understand the supervisees' inner experiences and to obtain a deep description of the supervisees' perceptions of and experiences with these experiences.

#### Research Design

**CQR in the qualitative paradigm.** CQR's fit within the qualitative paradigm is evidenced by the similarities to other qualitative methods, as well as the theoretical underpinnings that inform the methodological approach. Several authors have identified particular elements of qualitative research that can clearly be seen in CQR. Both Bogden and Biklen (1992) and Henwood and Pidgeon (1992) note that qualitative research (1) relies on data from natural settings whose meaning must be understood within its context, (2) seeks to describe phenomena rather than manipulate or explain it, (3) stresses the importance of understanding the phenomena through the eyes of the participant, and (4) emphasizes the emergence of ideas/concepts from the data, rather than fitting the data into a specific theory.

In the development of CQR as a qualitative approach, Hill et al. (1997) state that several qualitative theories informed this process, most notably grounded theory,

phenomenology, and feminist theories. Grounded theory methodology is based on the “development of theory from data that are collected and analyzed systematically and recursively” (Echevarria-Doan & Tubbs, 2007, p.42). Therefore, its main goal is to generate theories regarding social phenomena and situations. As data is collected, it is analyzed for emerging theoretical categories/themes, which are recursively linked back to inform continued data collection. As data collection continues, these emerging themes are further analyzed and refined to create meaning of the data (Strauss & Corbin, 1998), which highlights the recursive and iterative approach to the analysis. The emerging theories are intended to provide an understanding of the phenomena that is *grounded* in this systematic analysis of data. Grounded theory is appropriate when the study of social interactions or experiences aims to explain a process, not to test or verify an existing theory. Its “aim is to understand the research situation” as it is, from the raw data being collected and analyzed, avoiding assumptions or preconceived hypotheses about the research phenomena (Dick, 2005, p.4). The research inquiry may be guided by research questions that seek to understand the relationship between certain concepts, but it is not “bound to a particular investigative course” and can thus remain open to new discoveries about concepts and relationships among concepts (Hill et al., 1997, p.518). CQR shares this iterative and open approach to collecting and analyzing data. Further, grounded theory’s “flexibility, openness, process orientation, and collaborative tendencies” fit well with the systemic concepts that are embedded in CQR and are the foundation of MFT (Echevarria-Doan & Tubbs, 2005, p.59).

This collaborative and flexible posture also makes CQR consistent with feminist

theory (Fine, 1992; Harding, 1991), specifically as it relates to the consensus process among the research team. Through the use of active and open dialogue, as well as the overt attention to power and privilege through discussion about researchers' worldviews, each research team member is given an equally valid voice in the process (Hill et al., 1997). Similar to both feminist and multicultural approaches to psychology, all viewpoints are valued, honored, and encouraged (Williams & Barber, 2004). The process of coming to consensus includes placing value on collaboration among the research team in order to come to a shared understanding of data and phenomenon. Again, this is accomplished through an "open exploration of all ideas and a willingness to compromise and an attentiveness to power dynamics so each person's voice is heard and valued equally" (Hill et al., 1997, p. 522). Another component of CQR that resonates with feminist theory is the respectful manner in which participants are treated. CQR researchers overtly acknowledge that the phenomenon being explored is best described and understood through those who are the experts of the phenomenon – the participants.

**Philosophical stance.** The CQR methodology is predominately constructivist in its philosophical stance. As such, Hill et al. (2005) describe CQR using Ponterotto's (2005) constructs of ontology, epistemology, axiology, and methods. The following paragraphs will illustrate how CQR fits within a constructivist, qualitative research paradigm that is anchored by the philosophical tenets described by Ponterotto, and more specifically how it fits with many of the tenets that underlie the MFT philosophy.

Constructivists contend that there are multiple, equally valid, subjective realities that are constructed by the individual, rather than a single, objective reality that is external to

the individual. Constructivists maintain that the meaning of these realities is known or understood through dialogue and deep reflection, which is why it values an interactive researcher-participant dialogue during the research endeavor. Further, proponents of constructivism emphasize the importance of understanding the experiences they are exploring through the lens of those who live it (participants).

Ontology refers to the nature of reality and what can be understood or known by that reality (Ponterotto, 2005). CQR is premised on the assumption that people construct their reality and that there are multiple, equally legitimate, and constructed versions of reality. CQR researchers look for similarities in the description of the experience of research participants, which is considered to be their constructed reality (Hill et al., 2005). Reality is also considered subjective, and influenced by the context of the research endeavor. This includes the participant's experience, his/her perceptions, the social context within which the participant's experience is embedded, and the interaction between the participant and the researcher. Within the MFT field, this perspective is most often associated with MFT's paradigm shift toward postmodernism. The shift to a postmodern posture in MFT emphasized the construction of reality, language as a meaning maker, and collaboration in the therapeutic relationship (Bott, 2001; Hertlein, Lambert-Shute, & Benson, 2004, Nichols, 2010). Bott (2001) described the postmodern influence as:

... 'postmodern' practitioners take the position that each of us constructs our own reality through shared conventions of discourse or conversation. A socially constructed world is one in which there can no longer be therapeutic

experts in the traditional sense of holding a privileged story. If there is expertise then it is to be found in the ability to 'co-construct' reality with clients. (p. 114)

Epistemologically, CQR sees the relationship between the participant and researcher as having mutual influence on each other, particularly through the interview process, which reflects a constructivist perspective. The participant influences the researcher through his/her description of the phenomenon, while the researcher influences the participant through probes used to explore his/her experiences of the phenomenon. This concept of mutual influence is a hallmark of the foundational theory that informs many MFT models (i.e., General Systems Theory).

In terms of the role of the researcher's values in the research process, referred to as axiology by Ponterotto (2005), CQR acknowledges that researcher bias is an inevitable component of the research, such that it influences the researcher's understanding and analysis of the data. The transparency of the researchers' worldviews and biases is a critical component of CQR. As such, CQR researchers actively engage with each other to disclose and discuss these biases and how they may influence the data and its analysis.

The constructivist stance is probably best represented through CQR's methods. Researchers use naturalistic and interactive data collection methods (i.e., interviews), and strive to uncover meaning through participants' description of their experience through words. Further, CQR always uses of the process of consensus among the research team to construct an understanding and interpretation of the data.

**Components of CQR.** The key components of the methodology of CQR that are employed based on its philosophical stance include the use of (Hill et al., 1997, 2005):

- (1) open-ended questions via semi-structured data collection (primarily via interviews);
- (2) use of a research team throughout the research process to foster multiple perspectives;
- (3) interpretation of the meaning of the data via consensus among team members;
- (4) at least one auditor to check the work of the research team and to minimize the effects of bias among the primary team; and
- (5) grouping the data into domains and core ideas, and then using cross-analysis to develop categories that describe the commonalities in the core idea and domains.

Each of the above steps will be described in detail within the *Procedures for Data Analysis* section.

**Criteria for assessing qualitative research.** Krefting (1999) suggests that “researchers need alternative models appropriate to qualitative designs that ensure rigor without sacrificing the relevance of the qualitative research” (p.174). Some contend that the concepts used to establish rigor in quantitative research, particularly validity and reliability, do not necessarily translate well into a qualitative context (Johnson, 1999; Leininger, 1994). Some qualitative researchers believe that the attempt to apply such quantitative constructs to qualitative research “violate the philosophy, purpose, and intent of the qualitative paradigm, which is to discover in-depth meanings, understandings, and



quality attributes of phenomena studied” (Leininger, 1994, p. 97). As such, Guba (1981) developed a model that is intended to provide a framework for assessing and ensuring rigor and trustworthiness within qualitative work. This model suggests that the quantitative measures of internal validity, external validity, reliability, and objectivity can be assessed in qualitative research through credibility, transferability, dependability, and confirmability, respectively.

Credibility is an evaluation of whether or not the research findings represent a “credible” conceptual interpretation of the data drawn from the participants’ original data (Lincoln & Guba, 1985, p.296). Guba (1981) argues that ensuring credibility is one of most important factors in establishing trustworthiness. One of the ways to establish credibility is adoption of an established research method. Therefore, the process and procedures used, such as recruitment of the sample, data gathering via interview format, and data analysis, should be derived from procedures that have been successfully used in previous comparable studies. Since this was a replication study, the researcher employed the procedures as they were outlined in the original study to ensure the credibility of the findings. Further, CQR has been used in over 30 qualitative studies since its development in 1997 (Hill et al., 2005).

Another way to establish credibility in qualitative research is through the researcher’s “development of an early familiarity with the culture” of the participants (Shenton, 2004, p. 65). This can occur through in depth review of relevant documents or literature. In this study, the literature around LGB topics in MFT, as well as other mental

health professions, was carefully reviewed. Further, the primary researcher identifies as LGB.

Member checks (i.e., verifying/clarifying the researcher's understanding of what the participant's experience was through discussion with the participant) are also considered one of the most crucial components of establishing credibility (Lincoln & Guba, 1985). These checks can happen during or at the end of the data collection process, during subsequent interviews, or after analysis. In this study, the researcher conducting the interview used many reflective statements to ensure she was accurately hearing the experiences described by the participant. This study also incorporated the use of a follow-up interview as a means of member checking to ensure that the researcher did not miss anything significant that the participant wanted to provide about their experience.

Finally, Shenton (2004) suggests that credibility can be established through the examination of previous research findings, and the "degree to which the project's results are congruent with those of past studies" (p.69). The ability of the researcher to connect his/her findings to existing literature is often a key component of associating credibility with qualitative inquiries. Since this study is a replication study, the researcher compared her findings to that of the original study, as well as to similar findings in the extant literature.

Transferability is the degree to which the findings of a study can be applied or transferred beyond the boundaries of the project. In order to establish that the data is transferable, it is critical that the researcher provide detailed information about the research context and the assumptions upon which this context exists (Krefting, 1999; Shenton, 2004). This allows the reader the information necessary to determine if the transfer of

information makes sense (Lincoln & Guba, 1985). In this study, the researcher provided a detailed description of the research setting, and particularly the underlying assumptions and worldview of the research team. Each of the team members' assumptions, biases, and worldview were carefully discussed and described by the primary researcher.

Dependability, often related to reliability in a quantitative paradigm, refers to the consistency of findings (Guba, 1981). In addressing reliability, the quantitative researcher employs processes to show that if the study were repeated in the same context, with the same methods and participants, similar findings would emerge. In order to address this in the qualitative paradigm, the procedures within the study were articulated clearly and in detail, and the researcher accounted for any changes in the research context. This enables another researcher to repeat the work. The description of the methodology of this study includes a detailed account of all processes and procedures, and any contextual changes that may have occurred throughout the process in order for another researcher to repeat the study.

Two common means of establishing dependability are the use of multiple coders and peer examination, which both reduce the potential bias in data analysis and reporting by using multiple perspectives to validate results (Krefting, 1999; Kvale, 1996; LeCompte & Preissle, 1993). An essential element of CQR includes the use of a research team and an auditor. As previously mentioned, this study had a team of one primary researcher, two research team members, and one auditor to check the work of the research team throughout the project. The process of coming to consensus among the research team

allowed multiple perspectives to be considered, so no one person's understanding of the data was the only perspective being considered.

Another approach to dependability is the use of low-inference descriptors (Johnson, 1999). This typically involves the inclusion of direct quotes from persons interviewed to support themes reported in the findings. These low-inference descriptors allow the reader to better assess the trustworthiness of the research findings by making a link from the raw data to the themes that emerged from the analysis (Lincoln & Guba, 1985). Part of CQR's disseminating of data includes the use of direct quotes from participants to support the themes that emerge from the data (Hill et al., 2005).

Finally, confirmability in qualitative research refers to objectivity of data and its interpretations (Guba, 1981). Confirmability is often achieved through an audit strategy that includes an external researcher following each step of the research process to understand "how and why decisions were made" in order to determine if he/she would come to comparable conclusions with the data (Krefting, 1999, p.180). A primary component of CQR is the inclusion of an external auditor during all phases of the research. In this study, the auditor ensured that the raw data was coded in the correct domains, that the data was adequately represented in the core ideas and that the core ideas captured the meaning of the raw data. The auditor also provided detailed feedback during cross-analysis to ensure that the organization of categories made both logical and conceptual sense. This study also addressed confirmability through the cornerstone of CQR, which is the consensus process. Hill et al. (2005) suggest that the use of a research team to reach consensus allows multiple perspectives to be heard and valued, which potentially mitigates the bias of

a single researcher. This allows a common understanding of the data to be articulated while preserving the individual team member's differing worldviews.

## Participants

**Supervisees.** The participant population consisted of 12 supervisees (5 male, 7 female; 11 Caucasian/White, 1 Bi-Racial; Average age = 32.5; 2 doctoral, 10 master's) who self-identified as lesbian, gay, or bisexual. They were enrolled in a COAMFTE-accredited masters' or doctoral program, and had at least 14 hours of experience as a supervisee.

**Primary research team and auditor.** The primary researcher was a 37-year-old Caucasian, American lesbian. The remainder of the research team included a 58-year-old 2<sup>nd</sup> generation Italian-American, heterosexual female living with a chronic disability for 35 years, and a 58-year-old Italian-American heterosexual male affiliated with the field of educational leadership. The primary researcher directed all phases of the study. In accordance with CQR, this included: conceptualizing and refining the research questions, choosing/structuring the research team, recruiting participants, designing the initial interview protocol (based on Buckard et al.'s 2009 interview protocol), conducting interviews, transcribing interviews, and managing all aspects of analysis with the primary research team and auditor (Hill et al., 1997). Two members of the primary research team served as interviewers and all three members actively participated in data analysis. All team members have applied, conceptual, or trained experience in CQR interviews and data analysis. In addition to the three primary research team members, a 55-year-old Jewish-American heterosexual female served as an auditor during all phases of the research. Hill et al. (1997) suggested that the auditor's role is to check whether raw data

is in the correct domain, that all data has been honestly represented in the core ideas, that the wording of the core ideas captures the meaning of the raw data, and that the analysis accurately represents the data. However, the research team thought it was essential to include the auditor at the very beginning stage of discussing expectations and biases/worldviews. Thus, the auditor provided feedback at each phase of the analysis process, which will be detailed in the upcoming sections.

**Primary research team's and auditor's worldviews.** Prior to beginning the coding process and generally before starting data collection, Hill et al. (1997, 2005) suggests that researchers report their expectations and biases related to the research inquiry. Expectations can be understood as “beliefs that researchers have formed based on reading the literature and thinking about and developing research questions” (Hill et al., 1997, p. 538), while biases were defined as “personal issues that make it difficult for researchers to respond objectively to the data” (p. 539). Most CQR studies to date have not differentiated between expectations and biases in their narratives, but often embed expectations in their rationales (based on the literature) for the research inquiry.

Often, researchers have presented a discussion of their biases in the Methods section to provide a context for dissemination of results. Hill et al. (1997, 2005) suggest that this information be placed particularly within the Participants section of the Methods. Finally, the process of CQR values an on-going discussion of biases throughout the research process. Therefore, while the initial discussion occurs at the beginning stages of a study, it is recommended that each member of the research team stay close to (and are

willing to be open to on-going dialogue about) their own and each other's biases throughout the research endeavor to ensure they do not unduly affect data.

Since worldviews (biases/expectations as defined above) of the research team members may have influenced the interviews and/or data analysis, each member of the research team documented and discussed their worldviews regarding numerous aspects of the study. The purpose of this aspect of the research process was to be transparent about any personal experiences that might help or hinder each team member's ability to examine the data objectively (Hill et al., 1997). Since each member of the research team held different theoretical orientations, be it therapeutic, supervisory, or teaching/learning, Hill et al. (1997) suggests that we would be more likely to balance each other and challenge one another's assumptions. The differences in our personal and/or professional worldviews and positions of power enabled the research team to truly embrace and value the multiple perspectives that were offered throughout the research process. Efforts were made to ensure that members of the research team were actively involved and committed to this process, had equal voices, and openly addressed issues of power (i.e., the primary researcher being a doctoral candidate, and other members of the team being senior tenured faculty).

Each team member documented and discussed his/her beliefs about being out as LGB or as an ally within the supervision context and his/her perceptions of the effects of LGB-affirming and non-affirming supervision events on LGB supervisees. The primary researcher acknowledged that her LGB identity could clearly affect the way she conducted the interviews and interpreted the data (i.e., over identifying with participants' stories,

becoming frustrated with the profession by hearing many non-affirming events, etc.). However, this was also noted as a potential strength in the interviewing process, as it could transmit a deeper sense of empathy and understanding to participants. Three team members identified themselves as allies to the LGB community and discussed how they operationalize being an ally (i.e., involvement in on-campus resources, incorporation of LGB topics/perspectives in didactic courses they teach, literature they have co-authored on LGB topics, etc.).

All team members indicated that they believed providing an affirming environment for all supervisees was an essential component of creating a learning environment that values safety, social justice, and inclusion. All members also believed that supervision was one of the most integral components of supervisees' training, and thus the supervisory environment would likely play an influential role in supervisees' development.

Two team members discussed the evolution of their supervision and/or teaching philosophies, specifically as it relates to the inclusion of cultural and contextual variables. For example, one team member acknowledged that early in her supervision experience her focus was much more theoretically driven; however, over time and experience, her approach evolved to balance theoretical guidance with a self-of-the-therapist focus. Three team members discussed their exposure to colleagues in the profession that they felt did not create an LGB-affirming environment for supervisees, and how they each felt the duty to confront these colleagues and intervene for their students. One team member, who did not affiliate with the field of MFT, discussed the importance of the role of upper level administration to intervene when any student is marginalized.



Finally, all team members discussed the role of power and privilege in the supervisory context. Three team members have extensive academic, clinical and/or supervision experience and were willing to share examples of how they each saw these constructs affect the supervisory context. The primary researcher is a doctoral candidate and junior faculty member with less experience, but spoke of how she consistently tries to be overt about power in her evolving role as a supervisor.

All team members acknowledged that some of our team's worldviews were complementary, which could influence the research process such that we could reach consensus quickly. This acknowledgement made the role of the auditor even more critical to check the work of the three primary team members. The team discussed keeping this in the forefront in order to make sure that we did not move too quickly into consensus. While it is impossible to completely separate one's worldview from the research endeavor, overtly attending to worldviews throughout the research process provided a depth and breadth to the topic being explored.

## **Measures**

**Demographic form.** Participants completed a demographic form (see Appendix A) that asked for the following information: age, gender, race/ethnicity, degree program (i.e., M.A. or Ph.D.), level of training (i.e., total number of clinical and supervision hours), total number of supervisors during graduate training, and total number of supervisors who self-identified as LGB.

**Interview protocols.** A semi-structured interview protocol was used to elicit an LGB-affirming and non-affirming event from each participant. Permission to use and adapt

Burkard et al.'s (2009) original interview protocol (see Appendix B) for this replication study was provided by Dr. Burkard (A. Burkard, personal communication, November 8, 2010). For the purposes of the study, the original interview protocol was adapted to be MFT specific in its language and content (See Appendix C). For example, the original protocol developed by Burkard et al. (2009) did not make a distinction between individual and group supervision. Since many supervision experiences in MFT training happen either in an individual or group format, the protocol was changed to include the influence of the group environment. This was shared with an expert in the MFT field, and modifications were made to streamline the interview protocol. To further ensure that the protocol was accurately adapted, each primary team member conducted a pilot interview with an expert in the MFT field to assess the language, content, and clarity of the questions and to provide the interviewer(s) with an opportunity to become comfortable with the protocol. Questions were not modified at this point, as each person who participated in the pilot interviews suggested no changes needed to be made.

The final protocol began with questions about participants' general LGB-related supervision experiences, and then focused on a single LGB-affirmative supervision event and a single LGB non-affirmative supervision event. Participants were asked to describe a LGB-affirmative and non-affirmative supervision event (i.e., nature and context of the event, how the supervisor handled the event, etc.), how this event affected the supervisory or group relationship, their clinical work, and their personal and/or professional development. The protocol concluded with several closing questions aimed at understanding the ways in which the interview process affected the participants. Interviewers used attending,

tracking, and active listening probes (See Appendix C) to elicit a thicker description from participants. After each initial interview, the team member who conducted the interview recorded her impressions and additional questions that could be asked during the follow-up interview. Prior to the follow-up interview, the recording of the initial interview was reviewed to see if there was any additional information that the interviewer wanted to address with the participant.

A second interview protocol for the follow-up interview was used to clarify information from the first interview, as well as explore if participants had any other information or reactions they wanted to share that might have arisen from the first interview (See Appendix D).

## **Procedures for Data Collection**

**Recruitment of participants.** Participants were recruited through a snowball sampling method. Some suggest that snowball sampling is one of the most widely used sampling methods in social science qualitative research (Noy, 2007). It is a technique for gathering research participants through the identification of an initial participant who is used to provide the names of other potential participants. These potential participants may themselves open possibilities for expanding the sphere of contacts. Snowball sampling has been particularly effective when trying to obtain information from isolated, hard to reach, or marginalized populations (Noy, 2007; Sifaneck & Neaigus, 2001). Snowball sampling is often used as a means of accessing a sample when other alternatives are not feasible. For these reasons, coupled with the replication nature of this study, snowball sampling was used as described below.

To generate the initial pool of participants, the primary researcher first contacted several LGB individuals in the MFT field who were personally known to her. These individuals were not included in the sample; instead they were asked to forward an email invitation to participate in the study to self-identified LGB individuals who were masters' or doctoral level supervisees within COAMFTE-accredited programs that may want to be included in this study. The email directed potential participants to contact the primary researcher to be included in the study (see Appendix E). Participants were assured that participation was voluntary and that they could withdraw from the study at any time. Participants were also informed of any possible benefits and/or risks of participating in this research. If they agreed to be part of the study, they were sent the consent forms to sign and return (see Appendix F), as well as the demographic form referenced above.

**Interviews.** Hill et al. (2005) suggest the use of telephone interviews for topics about which participants may feel vulnerable. Given the potentially emotional and sensitive nature of discussing events in which participants experienced LGB non-affirmative supervision, telephone interviews were used instead of face-to-face interviews. As informed consent forms were obtained, interviewers (which consisted of two primary research team members) were randomly assigned to schedule a telephone appointment with individuals who agreed to participate in the study. The assigned interviewer conducted the initial semi-structured telephone interview with the participant, based on a time that was convenient for the participant. At the beginning of each interview, participants were reminded of the purpose of the study and that the interview was being taped and would later be transcribed. They were also informed that all identifying data

would be removed from their transcript. The average time of the interview was between 30-50 minutes. (NOTE: If a participant had to cancel the first interview, the research team member who was to conduct the interview followed up with the participant to reschedule the interview.) Upon the completion of the interview, participants were asked to schedule a two-week follow-up interview. Participants were also asked for the names of other self-identified LGB individuals in COAMFTE-accredited masters' or doctoral programs (as part of the snowball sampling method) that they believed would be interested in participating in the study. The procedure used for the creation of the initial pool of participants was then repeated. This method was repeated until the sample size reached 12 participants. All 12 participants completed both the initial and follow-up interviews. The two research team members who conducted the interviews recorded their impressions of the interview based upon the recommendation of Hill et al. (1997). This information was later discussed among the research team to see how these impressions may have influenced interpretation of the data.

Prior to analysis of the data, the follow-up interview was conducted at a time that was convenient for the participant. The interview protocol for the follow-up interview was used to clarify information from the first interview, as well as explore if participants had any other information or reactions they wanted to share that might have arisen from the first interview. The average time for the follow-up interview was between 5-15 minutes. The follow-up interview was also audiotaped. (NOTE: If a participant had to cancel the second interview, the research team member who was to conduct the interview followed up with the participant to reschedule.)

**Transcription.** The primary researcher transcribed all interviews verbatim. The transcripts were reviewed and any personally identifying information about participants was deleted. To further protect confidentiality, each transcript was assigned a code number. Then, each research team member independently analyzed the transcripts based on the data analysis procedures identified below.

### **Procedures for Data Analysis**

To explore and examine the perceptions of self-identified LGB supervisees' LGB-affirmative and non-affirmative supervision experiences, a consensual qualitative research design (CQR) as described by Hill et al. (1997, 2005) was used. CQR provides an opportunity for the researchers "to understand participants' inner experiences and to obtain a deep description of the phenomenon of interest" (Burkard et al., 2009, p. 177). CQR has been used in various psychotherapy studies, as well as those aimed at understanding the nuanced interpersonal processes of psychotherapy supervision (Hill et al., 2005; Knox, Burkard, Bentzler, Schaack, & Hess, 2006).

Since CQR values many of the tenets of constructivism, particularly the influential role of the researcher's values within the scientific process (Hill et al., 2005), prior to the start of data collection, the research team met to discuss our worldviews related to this study. As described above, all members of the research team recorded their worldviews in a journal throughout all phases of the study in order to proactively and critically monitor his/her assumptions, expectations, and biases and the ways in which these may be influencing data collection, analysis, and conclusions. Further, the primary researcher overtly addressed the need for all members of the team to have equal voice and feel safe in

expressing their opinions. She encouraged the research team to be transparent about any issues, assumptions, or expectations that arose during the process so the group dynamic could remain open, reflective, and safe.

The key components of CQR that were used to collect and analyze data included the use of (a) a semi-structured interview protocol that uses open-ended questions; (b) several research members conducting interviews and analyzing data to encourage multiple perspectives; (c) consensus discussions to arrive at conclusions about the meaning of the data; (d) one auditor to review the work of the primary research team; and (e) “domains, core ideas, and cross-analyses in the data analysis” (Hill et al., 2005, p. 2). Each of these components was applied to the study.

The first step in the data analysis process of CQR involves segmenting responses from the interview questions into topic areas, which Hill et al. (1997, 2005) refer to as domains. Initial domains, usually via a start list either based on a review of the literature and/or the interview protocol, are recommended as a means to provide “a conceptual framework to manage the overwhelming amounts of data” (Hill et al., 1997, p.543). As such, the research team agreed that the initial domains/start list for this step would be the interview questions themselves, for both the initial interview and the follow-up interview. During this meeting, the research team also agreed to operationalize the initial set of domains that emerged from the interview questions in order to create more concise domain titles to start the coding process (see Table 1). For the first three cases, each member of the primary research team coded the transcribed interview data into these domains. As Hill et al. (1997) note, domains can “change to fit the specific data set after

the team works with the data until the team feels they have reached the most elegant way to segment the data” (p.544). After coding the data from the first three cases into the operationalized domains, research team members independently segmented the domains for the remaining cases. Then, the team met again to come to consensus on how they determined the domains. This discussion resulted in further refinement of domains. At this time, the team read each domain and corresponding data from the interview aloud and discussed possible refined domain categories. The research team started to notice that the domains could be refined even further, and discussed the possible refined domain titles until reaching consensus on the wording. Table 2 illustrates the original domains along with the first iteration of the refined domains in italics. The team decided to include the both the original and refined domains in Table 2 so readers could have transparent access to the data analysis process of the research team.

At this point, Hill et al. (2005) suggest that a research team can continue the domain coding process in two different ways. One or two research team members can code the interview data into the refined domains for the remaining transcripts, or the team can work together to code domains *and* core ideas for two cases. Domains, as mentioned above, are topic areas used to group the data, while core ideas are “summaries of the data that capture the essence of what was said in fewer words and with greater clarity” (Hill et al., 2005, p. 10). The primary researcher suggested that at this decision point, it would be helpful to include the perspective of the auditor. Therefore, the auditor was included in the next team meeting where discussion about how to proceed was discussed. The research team, including the auditor’s feedback, decided to continue data



analysis by coding domains and core ideas for two cases together to allow more discussion of the data. Further, Hill et al. (2005) suggests that this option actually leads to greater consensus because there is more opportunity to “unravel the complexities and ambiguities of the data” (Hill et al., 2005, p. 4) through discussion.

Prior to the meeting to code the domains and core ideas for two cases, each research team member read the interview transcripts to stay close to the data and context of each case. During the meeting, the members read each thought unit out loud and then worked collaboratively to make sure they agreed about the domains and core ideas. Since consensus is vital to CQR, discussion continued until all team members felt ready to move on with the coding process. Through this process, the team was able to refine the domains again and identify core ideas within these domains.

Once consensus was reached on domains and core ideas for these two cases, the auditor was consulted to review the coding of domains and core ideas. The auditor read the two interview transcripts to determine if she agreed that the raw data was in the correct domain, that all the pertinent data in each domain was included in the core ideas, and that the phrasing of the core ideas was concise, comprehensive, and characteristic of the data. The auditor provided feedback to the research team at the next meeting. The auditor made several suggestions about the titles of domains and ways in which the team might consider combining domains based on the core ideas. The team then reconvened to consider and discuss all feedback made by the auditor. Once consensus was reached among the primary research team about the auditor's comments, the accepted changes

were incorporated, and the auditor was informed of these changes so she could see how the team responded to her feedback (Hill et al., 1997). As Hill et al. (2005) suggest, the remainder of the core idea coding was completed by the primary researcher in order to reduce the repetition of the process. However, to maintain consistency with the consensus process, this coding was then shared with the research team to ensure consensus on the wording for core ideas. If any disagreements arose around the wording of the core ideas, the team went back to the transcripts to reach a consensus version of the wording.

When consensus was reached on the domains and core ideas, the research team moved into the cross-analysis phase, which is used to generate common themes across cases. This included “developing categories that describe the common themes reflected in the core ideas within domains across cases” (Hill et al., 2005, p. 10). During this phase, the team met several times to brainstorm together about possible categories that were reflective of the core ideas across participants for each domain. After this brainstorming meeting, the primary researcher was responsible for creating the initial categories for the cross analysis. The team then reconvened to review the categories to determine if the data accurately represented the core ideas within respective domains. Table 2 illustrates the research team’s initial characterization of categories based on the core ideas across cases. The team discussed all category wording until reaching consensus. During this process, several domains were further refined and collapsed to provide a clearer articulation of the data, which is illustrated in Table 3. The results of these refinements will be discussed in more detail in the Results section.

When consensus was reached on the categories, the auditor was brought in to review if the categories accurately reflected the core ideas within the domains across participants. The auditor's role was also to ensure that the organization of the categories made conceptual and logical sense. The auditor again made recommendations to the team about how they might consider further refinement of domains and categories, and the team worked together to decide which recommendations were going to be incorporated.

The categories not only reveal common/shared themes or experiences across participants, but also reveal the relative consistency and strength of such experiences by measuring the frequency of their occurrence (Hill et al., 1997). In terms of characterizing the frequency of the categories, the team adhered to Hill et al.'s (2005) recommendations to use the following labels: *general* was used for categories that included all or all but one of the cases (11-12), *typical* was used for categories that included more than half of the cases up to the cut-off for *general* (7-10), *variant* was used for categories that included at least three cases up to the cut-off for *typical* (3-6), and *rare* was used for categories that included one to two cases.

When CQR was first introduced as a research methodology, Hill et al. (1997) suggested stability checks, which is a process that includes withholding two transcripts from preliminary analysis. These two transcripts are later analyzed to see if any new domains or categories emerged. If the added transcripts did not alter the original domains or categories, the findings would be considered stable. If new domains or categories

emerged, researchers would need to collect more data to analyze to see if similar domains and categories emerged at that point. However, after a review of a corpus of studies utilizing CQR, as well as their own experience conducting CQR, Hill et al. (2005) suggest that stability checks are not necessary or particularly useful for several reasons: (1) data from the corpus suggest that the stability check “served as little more than a confirmation of the extant categories” (p.202), (2) most researchers could not go back to collect more data until well after initial data collection because these checks usually occur one to two years after initial data collection, and (3) collecting more/new data at this point could be problematic because the researchers may have new and different perspectives based on the preliminary analysis that would bias analysis of the new data. Instead, they stress the importance of researchers collecting an adequate sample and presenting trustworthiness via the dissemination of the analysis and findings (i.e., use of quotes from participants, documentation of procedures, etc.). For these reasons, the research team agreed to follow the suggestion of Hill et al. (2005) and not withhold transcripts from preliminary analysis.

## Chapter 4: Results

The following 5 domains from the initial interview emerged as a result of the data analysis described above: (1) overall program environment, (2) definitions of LGB affirmative and LGB non-affirmative supervision, (3) reported LGB affirmative and LGB non-affirmative supervision experiences/events, (4) effects of reported LGB affirmative and LGB non-affirmative supervision experiences/events on perceptions of and relationships with others, and (5) personal and professional outcomes. The following two domains from the follow-up interview emerged from the data analysis: (1) additional details about reported LGB affirmative and LGB non-affirmative supervision experiences/events and (2) additional reactions to initial interview.

The listing of all domains, categories, subcategories, and frequencies can be found in Table 3. An illustrative narrative for each can be found in Table 4. Each of the domains is described below in further detail, at times providing illustrative quotes from participants to give texture and depth to the results. As mentioned in the previous Methods section, frequencies were calculated as recommended by Hill et al. (2005), such that *general* was used for categories that included all or all but one of the cases (11-12), *typical* was used for categories that included more than half of the cases up to the cut-off for *general* (7-10), *variant* was used for categories that included at least three cases up to the cut-off for *typical* (3-6), and *rare* was used for categories that included one to two cases.

The results will be broken down into three parts. First, participant demographic data will be presented. Next, the domains associated with the initial interview will be described. Within this description, the research team's process of refining and collapsing the

particular domain will be articulated. Finally, the domains associated with the follow-up interview will be described.

### **Participant Demographic Data**

The participant population consisted of 12 supervisees (5 male, 7 female; 11 Caucasian/White, 1 Bi-Racial; Average age = 32.5; 2 doctoral, 10 master's) who self-identified as lesbian (n=7), gay (n=4), or bisexual (n=1). All were enrolled in a COAMFTE-accredited masters' or doctoral program, and had an average of 52 hours of individual supervision and 47 hours of group supervision, ranging from 10-120 hours and 20-100 hours respectively. Participants had an average of 306.5 hours of direct client contact, ranging from 132-500 hours. Participants had been supervised during their training by an average of three supervisors, with a range between two and four. Only two participants reported having an LGB supervisor at some point during their training.

### **Domains from Initial Interview**

**Overall program environment.** Participants were asked several opening questions to begin the interview, establish a rapport, as well as to gather contextual information about how they understood affirmative and non-affirmative supervision. Participants were asked the ways in which LGB issues were addressed in their individual and group supervision experiences, the ways in which these experiences impacted their development as a therapist, how they would define LGB affirmative and non-affirmative supervision, and whether they were generally out in supervision and the factors that contributed to their decision to be out or not. Information collected from these opening questions formed the basis of the first domain. Originally, the research team titled this

domain *overall learning environment* because participants' responses went beyond just the supervision context, and described processes that were reflective of the larger learning environment. As the team continued to work through the data, the title was refined to *overall program environment* because the team noticed that the information participants shared was reflective of the program (including off-campus clinical sites).

Within this domain, the following categories emerged from participants' responses: (1) description of the ways in which LGB issues are addressed, (2) self-disclosure of sexual orientation, (3) factors contributing to disclosure of sexual orientation. Each of these categories, related subcategories, and frequencies is described in more detail below.

***Description of the ways in which LGB issues are addressed.*** Participants typically reported that LGB issues were addressed case-specifically in individual and/or group supervision as it related to LGB clients. Typically, it was addressed in the context of case management, and rarely was it addressed via self-of-the-therapist. For example, one participant stated, "Certainly, they come up around clients, and the treatment that we're giving to our LGB couples and families." Participants also variably reported that LGB issues were not addressed in supervision. Participants did not distinguish between individual or group supervision in this domain, therefore the team collapsed individual and group supervision within this subcategory.

It is important to note that participants were asked about the ways in which LGB issues were addressed in their individual and/or group supervision. However, many participants provided responses that went beyond how LGB issues were addressed solely within the supervision context. This was one of the first times the research team noted that

participants were often commenting about processes that occurred in the wider program, and not just isolated to supervision. Participants variantly reported that LGB issues were addressed outside of supervision via the following formal venues: coursework, clinical work, and administrative procedures. However, the responses participants provided for this described the degree to which LGB issues were integrated within these aspects of the program. Participants variantly reported that there was no integration of LGB issues outside supervision within their program. Another variant finding was that LGB issues were integrated in a specialty course. For example, one participant stated, "It's addressed in our diversity class, but other than that, not so much." Participants rarely reported integration across clinical work or at the administrative procedural level. It is important to note that although it was rarely found to be integrated at the administrative procedural level, participants reported this as a negative reflection of the program. For example, one participant said, "Thought about going to my advisor to talk about my general concerns about the program but I didn't feel that was a relationship that I could go in and do that."

It was also a rare finding that participants reported LGB issues were addressed outside of supervision via informal venues such as student cohorts and/or peer exchanges.

***Self-disclosure of sexual orientation.*** Participants were asked if they were generally out within most supervision experiences. Typically, participants reported that they were always out. Variantly, participants reported that they were either sometimes out or were uncertain about who knew about their sexual orientation. For example, one participant said, "I don't make it a habit of talking about it or not talking about it in my



program. I haven't lied about it and certainly haven't been secretive or not made it apparent on purpose." It was a rare finding that participants were not out.

***Factors contributing to self-disclosure of sexual orientation.*** Participants were then asked about the factors contributing to disclosure of their sexual orientation. Two factors that participants typically reported were the presence or lack of a collaborative and safe dialogue regarding LGB issues and their own comfort or discomfort with disclosure of their sexual orientation. For example, one participant said that being out was dependent on "whether or not the faculty and supervisors are sensitive, encouraging, and supportive of who I am and willing to thoughtfully talk about LGB issues." Another participant said, "I'm very invested in being true to myself and being honest about who I am. And so I tell anybody who is interested in the truth about my life." Two factors that were variably reported by participants were the participant's belief in the importance of bringing attention to the LGB perspective, and the supervisor's/instructor's level of perceived knowledge, awareness, and skill related to the LGB community. When commenting on bringing attention to the LGB perspective, one participant said, "I think it's important to bring my perspective, or the LGB perspective to supervision and to marriage and family therapy." Rare findings included applicability/relevance to training/supervision focus, group members' level of perceived openness to learning about diverse perspectives, particularly LGB, and group members' level of perceived awareness of own biases/assumptions. For example, one participant said the following as it relates to supervision focus, "If it does not apply to supervision, I don't talk about it because it's not relevant; if I think it will contribute to helping someone with a case being presented, I will."

Participants were also asked about self-disclosure of their sexual orientation and factors contributing to disclosure within LGB affirmative and LGB non-affirmative events themselves. Responses that were clearly reflective of the overall program environment, and not related to the LGB affirmative or LGB non-affirmative event, remained in this first domain. Responses that were specific to the actual event and/or supervisor associated with the event remained in the domain related to the reported event.

**Definitions and operationalizations of LGB affirmative and LGB non-affirmative supervision.** Hill et al. (1997) suggest that often participants provide information elicited from a question that may answer and/or expand other questions. It is important to note that as part of the data analysis process, the information contained in this domain and subsequent categories includes participant responses from other questions asked. This was done as part of refining domains and abstracting data from core ideas. The research team noticed that when participants were describing the type of response they hoped for from their supervisor and/or group within the LGB affirmative event and non-affirmative event, as well as what the supervisor could have done to facilitate discussion about the event, they were adding texture to and helping to operationalize their definitions of LGB affirmative and LGB non-affirmative supervision. For this reason, the data from those questions were collapsed into this domain and are represented in the categories that illustrate participants' definitions of LGB affirmative and LGB non-affirmative supervision. The research team also noticed that participants provided information that described not only their definition of LGB-affirmative and LGB non-affirmative supervision, but also operationalized these definitions. Therefore, another

category that emerged was participants' operationalization of the LGB affirmative and non-affirmative supervision.

Within the opening questions of the interview, participants were asked to define LGB affirmative and LGB non-affirmative supervision. Participants' definitions embodied two components, which were characteristics of the supervision process and characteristics of the supervisor.

***Definition of LGB affirmative supervision.*** Generally, participants described a LGB affirmative supervision process as one where there was an absence of hetero-normative and pathological assumptions related to the LGB population. Another general finding about a LGB affirmative supervision process included the presence of collaborative and safe dialogues about biases, assumptions, and knowledge related to LGB topics among the supervisor and/or group members. For example, one participant described LGB affirmative supervision as "a supervision process where people can feel free to safely talk about sexual orientation, and not feel like it's taboo. It's when people don't make assumptions about whether or not a couple is gay or straight, but if they do, it's talked about among the group."

Two typical findings emerged from participants about a LGB affirmative supervision process. They included the absence of direct or veiled discrimination of LGB clients or supervisees and a respect for, acceptance of, and openness to learning from different perspectives. In one participant's words, "I think that it's important that every member of society are respected for who they are, regardless of how they live their lives. I feel like an

affirmative supervisory experience recognizes that, embraces that, and supports its inclusion in the supervisory process.”

When defining LGB affirmative supervision and the characteristics of a supervisor that provides an affirmative supervisory environment, participants generally stated that the supervisor addresses hetero-normative assumptions, biases, and discrimination with him/herself and the group. For example, one participant described this as “If somebody’s displaying a bias about working with a lesbian, gay or bisexual person or couple, the supervisor addresses it.” Typically, participants stated that the supervisor creates opportunities for collaborative dialogue with the supervisee and/or group regarding LGB issues. A variant finding included the supervisor educating about the LGB population, and a rare finding included the supervisor acknowledging his/her limitations of LGB knowledge. For example, one participant described this as “making sure that those students who have biases or tend to be unaware about some of the lifestyles different from their own are challenged and have to be made aware of what’s going on with their LGB clients.” A rare finding was that the supervisor acknowledges his/her limitations of LGB knowledge.

***Definition of LGB non-affirmative supervision.*** Participants’ definition of LGB non-affirmative supervision was generally described as a process that includes recognized and/or unrecognized hetero-normative and pathological assumptions about the LGB population, and lacks a collaborative and safe dialogue about biases, assumptions and knowledge related to LGB topics. A participant described this type of LGB non-affirmative supervision as “Supervision where there’s either ignorance, perpetuation of bias and prejudice, or a deviance based perspective of LGB people.”

Another participant described the lack of collaborative dialogue as “what’s non-affirming is when biases and assumptions about the LGB community are hidden and can’t be discussed.” A typical response from participants was the presence of direct or veiled discrimination of LGB clients or supervisees, and a variant response was a lack of respect for, acceptance of, and openness to learning from different perspectives.

When defining LGB non-affirmative supervision and the characteristics of a supervisor that provides a non-affirmative supervisory environment, participants generally reported that he/she does not address hetero-normative assumptions, biases, and discrimination with him/herself or the group. Participants typically stated that LGB non-affirmative supervision is when the supervisor does not create opportunities for a collaborative and safe dialogue about LGB issues, and variantly reported it is when the supervisor does not educate about the LGB population. One participant described LGB non-affirmative supervision as, “when the supervisor does not actively engage in conversation and is unwilling to expand and open the conversation about LGB identity and issues.” Finally, rarely did participants report that LGB non-affirmative supervision was when the supervisor does not acknowledge his/her limitations of LGB knowledge.

***Operationalization of LGB affirmative and non-affirmative supervision***  
***definition.*** There was generally congruence between the ways in which participants defined LGB affirmative and LGB non-affirmative supervision and how they operationalized those definitions. For example, when a participant defined LGB non-affirmative supervision as an environment in which the supervisor does not address biases or discrimination of LGB people, he/she operationalized this as, “if a fellow supervisee makes a derogatory

comment about me or about gays in general, or about somebody's client who happens to be LGB, and the supervisor doesn't do anything about it." Rarely were participants' definitions not congruent with their operationalization of that definition.

**Reported LGB affirmative and LGB non-affirmative supervision events/experiences.** Participants were then asked to describe one LGB affirmative and LGB non-affirmative supervision event. Seven categories emerged that were placed within this domain because they all were associated with the LGB affirmative and LGB non-affirmative events. They include (1) reports, (2) context of the event/experience, (3) description of the event/experience, (4) self-disclosure of sexual orientation with particular supervisor, (5) event specific factors associated with disclosure of sexual orientation with particular supervisor, (6) event specific factors that enabled discussion and influenced focus of discussion with the supervisor and/or relevant group members, and (7) decision to discuss event/experience with someone else.

**Reports.** Typically, participants reported at least one LGB affirmative and one LGB non-affirmative supervision event. Rarely did participants report that there were no LGB affirmative or LGB non-affirmative events. Another rare finding included participant reports that the LGB affirmative event was representative of all supervision experiences. For example, one participant said, "All of my supervision experiences have been affirming. The program is so open-minded and welcoming and inclusive as are the off-site practicum locations." Similarly, rarely participants reported that the LGB non-affirmative even was representative of all supervision experiences.

***Context of the event/experience.*** Participants were asked to provide contextual information related to the supervision structure, location, the supervisor, and themselves. For the LGB affirmative event, generally the event took place during weekly faculty supervision at the university, and it rarely took place at the off-site practicum location with the off-site supervisor. It also typically took place during group supervision, and variantly took place during individual supervision. The supervision focus was typically case specific, variantly theory-driven, and rarely addressed self-of-the-therapist issues. Typically, participants were midway through their clinical training, and were rarely at the beginning or end of their clinical training. Participants also variantly reported that they had an established supervisory relationship, and rarely was it a new supervisory relationship or did they have no prior experience with the supervisor.

For the LGB non-affirmative event, generally the event took place in weekly supervision, and it was variantly reported that it was either individual or group supervision. Variantly, the event took place at the university, and it also variantly took place at the off-site practicum location with the off-site supervisor. The supervision focus was typically case specific, and rarely theory-driven or addressed self-of-the-therapist issues.

Participants variantly reported that they were either in the early or mid phase of their clinical training, and rarely at the end of clinical training. Participants also variantly reported that they had an established supervisory relationship, and rarely was it a new supervisory relationship or did they have no prior experience with the supervisor.

When participants were asked about personal and professional characteristics of the supervisor, the amount of information shared by participants varied a great deal. For

example, some participants knew quite a bit about their supervisor (i.e., their role within the program/university, previous training, religious affiliation, etc.), while others knew very little. As the research team analyzed the data for this category, it became apparent that the clearest way to articulate the data about supervisor characteristics was not based on each contextual variable reported by participants, but rather the level of knowledge known by the participant about the supervisor. Within the LGB affirmative event, participants variably knew between one and three or over four personal characteristics of their supervisor. These characteristics included age, race, gender, ethnicity, sexual orientation, religious affiliation, and whether the supervisor identified as an ally to the LGB community. Participants rarely knew nothing about the personal characteristics of the supervisor. Similarly, for professional characteristics of the supervisor, participants variably knew one to three or over four characteristics of their supervisor. These characteristics included academic rank and position (i.e., tenured, untenured, adjunct, administrative position, etc.) and professional training/licensure. Participants rarely knew nothing about the professional characteristics of the supervisor or knew more than four characteristics.

Within the LGB non-affirmative event, participants typically knew one to three personal characteristics of their supervisor. It is important to note that the way participants described their knowledge was in a way that suggested they did not know much personally about their supervisor. Rarely did participants know nothing at all or over four characteristics. Related to the professional characteristics of the supervisor, a variant finding was that participants knew nothing or one to three characteristics. The rarely knew over four professional characteristics of their supervisor.



Participants were also asked the intersectionality of other aspects of their identity that influenced the event. Within the LGB affirmative event, typically participants were unsure about how other aspects of their identity (i.e., race, culture, ethnicity, etc.) interacted with their LGB identity to influence the event. Rarely, participants reported that their gender may have influenced the event. For the LGB non-affirmative event, participants variably reported that they were not sure how other aspects of their identity influenced the event. It was also a variant finding that participants reported that their gender influenced the event, and rarely did their age or the geography in which the program was embedded. For example, one participant said,

I guess because I'm female and I had a female supervisor, there was a comfort level there. Age wise she was a little bit older than I am, so maybe that made it more comfortable and allowed the discussion to occur.

While this particular question was separate from the contextual questions asked of the participants, the research team included this as a category within the contextual domain because it provides information related to the cultural and contextual variables that the participants brought to the supervision experience.

***Description of the event/experience.*** When participants were asked to describe a LGB affirmative and LGB non-affirmative event, the research team noticed that there were particular factors or characteristics across events that made them LGB affirmative or LGB non-affirmative for participants. These characteristics were not necessarily within each event, however the research team agreed that accounting for all of the characteristics was important to accurately represent the richness and depth of

participants' descriptions. For each reported event, participants described the characteristics of the supervisor, individual supervision environment, and the group supervision environment that made the experience LGB affirmative or LGB non-affirmative. When combined, each of the characteristics provided a composite of LGB affirmative and LGB non-affirmative supervision events. Each of these sub-categories will be described in detail below.

*LGB affirmative supervision event.* Participants who described a LGB affirmative event generally identified characteristics of an affirming supervisor to have at least one of five traits. Typically, participants described a supervisor that was known to establish safe, inclusive, affirming, and/or professional supervisory experiences with respect to LGB population. Participants described events where the supervisor recognized and responsibly addressed the impact of their [the supervisor's] role and position in establishing an affirming supervision climate. For example, one participant said, "Well, it definitely starts with the supervisor who sets a tone for how students are to respond and what the environment is supposed to be like."

Variantly, participants reported that the supervisor demonstrated the importance of understanding, respecting, and addressing one's scope of awareness, knowledge, and skills specific to the LGB population. Participants described events where the supervisor did not make assumptions about the sexual orientation of clients during case presentations without obtaining information from the participant first, and demonstrated or facilitated exchanges that invited others to increasingly recognize and address any tendency to do so. One participant described this in the following way:

She simply asked what the composition of the couple was and did not make the assumption that it was a gay couple or a straight couple. And it seems like a small incident but really I did appreciate it. No assumptions were made. And she could've because I said partner and it was coming from me and I'm a lesbian.

Another variant finding that participants reported was that the supervisor provided opportunities for all participants to expand awareness, knowledge, and skills specific to the LGB population. Participants described supervisors who demonstrated that effective therapy is predicated on the life experiences and cultural values of the LGB client, the sociopolitical influences that impinge on their lives as members of a marginalized population, and on the supervisor's willingness to take the time necessary to inquire about and understand these factors. It was also a variant finding that participants said that the supervisor contributed to maintaining a fair, equitable, and accessible supervisory environment for LGB students. One participant described how his/her supervisor provided empathic and instrumental support when he/she was experiencing direct marginalization and was able to exercise institutional intervention skills on behalf of the participant:

When I went to him, he dropped everything to meet with me. He was in his office working. He closed the door. He let it be known to me that I was – what I had to say and what was upsetting to me - was extremely important to him. He listened carefully to everything I had to say. I felt like in some respects, I didn't even have to go into all the details, he just completely got it and was so helpful to me in making sure that I was able to think through this, not take it personally, gave me really good advice. I found out that he went and spoke with this other faculty member after I

had left his office. And apparently he had told her that he thought that what she had said to me was completely off base and he was personally offended and would not tolerate students being treated in this way.

A rare finding that emerged was that participants reported that the supervisor was known to contribute to maintaining fair, equitable, and accessible learning environments for LGB students. While this characteristic appears similar to the one above, the construct of the participant previously knowing that the supervisor maintains a fair environment is what made this a rare finding.

Participants also generally identified characteristics of affirming individual supervision to contain at least one of five traits. Typically, participants described events where individual supervision was characterized by an engagement in a safe, inclusive, affirming, and professional supervisory experience with respect to the LGB population. For example, participants described collaborative dialogues between them and their supervisor that allowed each of them to consider the value of one another's worldviews specific to LGB population. Variantly, participants reported that both the participant and the supervisor engaged in opportunities to expand each other's awareness, knowledge, and skills specific to LGB population. One participant stated, "He acknowledged that I might have a particular understanding or a particular sensitivity which could be useful [to my clients] which I thought was extremely affirming." Another variant finding related to individual supervision was that participants reported it was characterized by a mutual contribution to maintaining a fair, equitable, and accessible supervision environment for the LGB supervisee. For example, one participant stated,

The most affirming experiences I've had in supervision are with the faculty member who is gay. And he is out. I've met him and his partner in a variety of different settings. I feel very comfortable with him and I know that he has struggled through a great deal at a university and discrimination in his life and also as a professional. So I feel mentored by him and certainly I feel like he's been very supportive of my development as a therapist.

A final variant finding that characterized LGB affirmative individual supervision was that participants reported that both the supervisor and participant displayed respect for and interest in one another's worldviews, acknowledged resources within and parameters of worldviews, and recognized the collaborative learning potential of the relationship specific to the LGB population. This was described as supervisors and supervisees taking time to become informed about unique resources, circumstances, and needs of LGB supervisees working with LGB clients before engaging in collaborative exchanges (case-specific and/or self-of-therapist). For example, a participant stated,

It was affirming to me that she would take the time to ask those questions [about a client] and to not get uncomfortable with them and ask my thoughts on it. I felt comfortable enough being with myself with her. . . because she displayed an openness to diversity and marginalized population just the way she spoke about clients, so then I felt comfortable talking with her.

Participants generally identified characteristics of affirming group supervision as containing at least one of traits. Three variant and two rare findings comprised affirming group supervision events. Variantly, participants reported that the supervisor and group

members contributed to maintaining a fair, equitable, and accessible supervision environment for LGB students. One participant said, "I feel affirmed in supervision with my classmates since they accept who I am, and what my lifestyle is about without my feeling judged. It's a sense of being included and being accepted and not being judged." The other variant findings were that the group engaged in opportunities to expand awareness, knowledge, and skills specific to LGB population, and displayed a respect for and interest in each other's worldviews. One participant described an event that captures these two finds when she said:

It was the encouragement of my supervisor to continue on and describe my experience and her willingness to acknowledge that she didn't have that perspective to share with the student and that I was a valuable asset in this instance because I had this perspective and experience. And group members were also just very curious and asked a lot of great questions. They showed an interest and that made me feel like what I had to say was valuable and important and that my identity as a lesbian was going to be helpful to the student but even more so, helpful to the client in those situations. So I felt supported by the supervisor and the members of the group.

A rare finding that emerged related to affirming group supervision events was the supervisor and group invited each other to acknowledge the parameters of their worldviews, and to recognize and experience collaborative learning potential of group specific to LGB population. Similar to the sub-category in the LGB affirmative individual supervision, this presented itself when the supervisor and group did not make

assumptions about sexual orientation of clients during case presentations without obtaining information from the therapist.

*LGB non-affirmative supervision event.* Participants who reported a LGB non-affirmative event generally identified characteristics of a non-affirming supervisor to contain at least one of five traits. Typically, participants reported that the supervisor did not establish a safe, inclusive, affirming, and professional supervisory experience with respect to the LGB population. Participants described the supervisor's stance of one that discourages participants from learning about and considering the value of one another's personal and professional worldviews and experiences specific to LGB population and/or clients. For example, one participant described an event when she made a statement about importance of validating and affirming everyone for who they are and the different worldviews they bring to supervision, "My supervisor challenged this perspective and was less receptive than I hoped. The main response I got was that it was, sort of like, off topic."

Three variant findings emerged within the characteristics of a non-affirming supervisor. These included that the supervisor (1) did not demonstrate the importance of addressing one's scope of awareness, knowledge, and skills specific to LGB population, (2) did not provide opportunities to expand awareness, knowledge, skills specific to LGB population, and (3) participated in or remained neutral in response to experiences occurring during the event that contributed to making it an unfair, inequitable, non-inclusive, and/or discriminatory supervisory environment specific to the LGB population. When reporting how a supervisor did not address his/her scope of awareness about the

LGB population, one participant spoke about how the supervisor thought the participant's case perspective with respect to his/her LGB clients was inappropriate and reflective of the participant's personal issues. Another participant described how a supervisor did not address his scope of awareness and knowledge, stating,

What made me so upset was the lack of dialogue, the lack of curiosity about why I thought it was important for [case-illustration] instead immediately jumping to conclusions that because I am gay, I projected onto them, rather than the fact that because I'm gay, I have a particular perspective that I think would be helpful to this family.

A participant describing when a supervisor remained neutral in the presence of bias reported,

I couldn't believe that would actually come out of somebody's mouth who is in clinical training. And when my friend pressed a little bit and she didn't think it was for an offline discussion that this was a very offensive statement and that we need to talk about it within the group because it clearly it was narrow minded and ignorant and she again looked at my friend and said it's not open for discussion in this supervision.

A rare finding that emerged was that participants reported that the supervisor was known to participate in or remain neutral in response to supervision practices that contributed to unfair, inequitable, non-inclusive, and/or discriminatory supervisory environments for LGB students. While this characteristic appears similar to the one above, the construct of the



participant previously knowing that the supervisor participates or remains neutral in the presence of an unfair environment is what made this a rare finding.

Participants generally identified characteristics of non-affirming individual supervision to contain at least one of four traits. Typically, participants reported that the individual supervision did not embody a display of respect for or interest in one another's worldviews, resources within and parameters of worldviews, and collaborative learning potential that could arise from the supervisory relationship specific to the LGB population. One participant described an event related to his/her clinical work with a LGB client, which was brought up in individual supervision, which is representative of the sub-category above:

I really thought that I was going in the right direction, and when my supervisor cut my knees off out from underneath me and wouldn't even engage in hearing exactly why I was doing what I was doing was very non-affirming to me. I felt completely marginalized.

Two variant findings that emerged related to LGB non-affirmative individual supervision were the (1) lack of engagement in opportunities to expand awareness, knowledge, and skills specific to LGB population and (2) contribution to the presence of unintentional or intentional bias and/or discrimination within supervision. In individual supervision with one other supervisee, one participant described the lack awareness and knowledge sharing that occurred in the following way,

This was individual supervision with 2 of us supervisees at a practicum site in an agency with a Christian mission. My fellow supervisee [a devout Christian] was

presenting a case [two women in a lesbian relationship], explaining what he was doing in therapy, which was focused on (from the supervisee's perspective) helping these women come to terms with the problems they were having were about being gay. He wasn't entirely stupid so he was framing it like the fact that they have problems with closeness and intrusiveness was about the fact that they were gay women and that they would behave differently in straight relationships. To be honest it was shockingly clear to me that he was trying to talk them out of being gay. He was trying to find a way to tell them it would be healthier and better for them . . . that all their problems would go away if they were in straight relationships because it's all about them being women in a same sex relationship. That's what I took from this and it was horrifying. The supervisor [who participant defined as difficult / uptight / proper / rigid in her beliefs about what was and wasn't normal] said absolutely nothing to challenge this. And the guy is explaining how the case was stuck and they were making no progress. And all I could think about was he cannot have any relationship with these women at all. He has absolutely no understanding of where they're coming from or what they want to accomplish. Not only was he not using any model that I could identify and he didn't have any therapeutic focus that I could identify. He was so blinded by his own bias.

Another participant describing the presence of bias in individual supervision reported,

What she said to me was that she wondered if I wasn't being approachable to my site supervisor because I was – let me see if I can say this just the right way – if maybe I was acting too gay and I was making [the site supervisor] uncomfortable.

A rare finding that emerged was that participants reported that the supervisor was known to establish unfair, inequitable, non-inclusive, and/or discriminatory supervisory practices with respect to LGB-specific issues and LGB supervisees. This was likely a rare finding based on the construct of previous knowledge, such that few participants knew before participating in supervision with the supervisor that he or she was known to establish such non-affirming environments.

Participants generally identified characteristics of LGB non-affirmative group supervision to contain at least one of four traits. Three variant findings that emerged were that the group (1) did not display respect for and/or interest in members' worldviews, resources within and parameters of worldviews, and collaborative learning potential that could arise from group specific to LGB population, (2) did not engage in opportunities to expand awareness, knowledge, and skills specific to LGB population, and (3) contributed to the presence of unintentional or intentional bias, misperceptions, and/or discrimination within group supervision. One participant describing the first variant finding of LGB non-affirmative described the following event,

A therapist was looking for supervisory feedback about how to approach this issue. The therapist was straight and wanted the supervisor or someone to comment on whether or not "coming out" was appropriate for her to be weighing in on and counseling them about how to move forward with the coming out process, so that was sort of a situation. The other members of the group– it was a lot of silence, a lot of them just kind of looking to the supervisor to give direction. I was sitting there, silent as well. There was some discussion about whether or not it [coming

out] was a legitimate problem for therapy, which was kind of humorous. One of the students was asking whether or not – it was a real problem for therapy for clients to be asking for input about how to come out which – I just couldn't wrap my mind around to the ignorance of that student. Nothing was done to facilitate discussion among the group around this.

Another participant described the lack of opportunities for the group to expand awareness and knowledge about the LGB population beyond relying on the participant to provide the additional knowledge based on being LGB:

When members talk about LGB clients, they'll turn to me and ask me my opinion which I find to be frustrating and presumptuous. . . . that because I may be gay, I'm supposed to know what's in the minds / hearts / lifestyles of every gay person on the planet. I find that to be stupid and small-minded.

A participant reported a group supervision event at his/her off-site location that represents how group members contributed to bias within supervision:

A case was being presented [family coming to terms with son's coming out]. Son was particularly effeminate, having trouble with peers, and being bullied. Some clinicians and staff started to make jokes that I thought were horrifying to be honest with you (e.g., I hope he's not wearing hose that would really not be something that this father would enjoy or wondering if he's taken to painting his fingernails). It just escalated and got uglier and it was really at the expense of the client and the therapist presenting the case.

Finally, a rare finding that emerged within LGB non-affirmative group supervision was that supervisor was known to co-construct unfair, inequitable, non-inclusive, and/or discriminatory supervisory practices with respect to LGB-specific issues and LGB supervisees. Again, this was likely a rare finding based on the construct of previous knowledge, such that few participants knew before participating in supervision with the supervisor that he or she was known to establish such non-affirming environments in group supervision.

***Self-disclosure of sexual orientation with particular supervisor.*** As mentioned previously, participants were asked if they were out generally in supervision and with the particular supervisor associated with the reported LGB affirmative or LGB non-affirmative event. Within both the reported events, participants were typically already out. It was a rare finding that participants were either not out or were somewhat out/uncertain if the supervisor knew about their sexual orientation. Participants who were already out had made the personal choice to be out or their sexual orientation was already known to others. For participants who were somewhat out were typically out based on word of mouth and they were unsure whether the supervisor knew.

***Event specific factors associated with disclosure of sexual orientation with particular supervisor.*** Generally, the factors associated with disclosure of sexual orientation were program specific factors described in the first domain (*overall program*) or were based on events that had occurred over time within the participant's program. However, on rare occasions participants reported event specific factors that influenced whether they were out or not with the particular supervisor. Within LGB affirmative events,

three rare findings emerged as event-specific factors associated with participants disclosure of their sexual orientation, including the supervisor's manner of inquiry, request for, and validation of the participant's LGB perspective, the supervisor's perceived collaborative, safe/trusting, respectful, collegial and/or supportive posture, and the group's perceived collaborative, safe/trusting, respectful, collegial and/or supportive posture. For example, one participant described the event-specific factors in the following way: "That I was encouraged to give a different perspective and my opinion and that it was valued by my supervisor."

Within the LGB non-affirmative event, three rare findings also emerged, including the supervisor's dismissiveness of the participant's LGB perspective, the supervisor's lack of intervening when the participant's colleague made perceived heterosexist assumptions about clients, and the group's response to a case presentation was perceived as biased, oppressive, and heterosexist. One participant stated, "I overheard a couple of them [colleagues in supervision] talking about how effeminate the client was in such a derogatory way. I definitely was not coming out in that environment."

*Event specific factors that enabled discussion and influenced focus of discussion with the supervisor and/or relevant group members.* Participants were asked if they chose to discuss the event with their supervisor and/or group members, what factors enabled such a discussion and influenced the focus of the discussion. As the research team analyzed the data that emerged from this question, it became apparent that participant responses typically added texture to and operationalized their definitions of LGB affirmative and LGB non-affirmative supervision. Therefore, the

research discussed to consensus that these responses would be collapsed into the participants' definitions. Any participant responses that referred to factors that were clearly related to the event itself remained within this event-specific domain.

Three rare findings emerged within the LGB affirmative event that enabled participants to further discuss the event with their supervisor and/or group members. Participants reported that the following factors enabled them to discuss the event: (1) the supervisor encouraged the participant to share his/her LGB perspective, (2) the supervisor created a safe, inclusive, and collaborative environment, and (3) supervisees within the group were open, inclusive, and supportive of the participant's LGB perspective. Within the LGB non-affirmative event, participants variantly reported that the factor that influenced further discussion as their expectation that it was the supervisor's role to engage in further discussion. For example, one participant stated,

I was able to go to him for further discussion because I had this delusion that it was his job as a program director. I mean, I was able to go to him in the first place because I ignorantly thought that that was his job and his responsibility.

It was rarely reported that the participant wanted to express his/her feelings of marginalization to the supervisor, and rarely that the participant felt the group needed to be held accountable for their perceived lack of professional conduct.

Within the LGB affirmative event, participants who chose not to discuss the event with their supervisor and/or group members typically made this decision because they felt no further discussion was warranted or relevant to the supervision focus. For example, one participant said, "I didn't think there's a need to say hey, you made me feel affirmed. I

appreciated her [the supervisor], but there wasn't a need for a discussion about it." It was a rare finding that participants chose not to engage in further discussion because they felt uncomfortable being the only LGB voice in the group setting.

Within the LGB non-affirmative event, participants' decision not to further discuss the event was typically because the supervisor was perceived as abrasive, dismissive, and unwilling to engage in further dialogue about the event. One participant described his/her choice not to discuss the event further in the following way,

Well it's hard to have a discussion when somebody continues to say, "This discussion is over." So that's what made the discussion with him difficult. I know that sounds kind of like elementary, but when somebody says, "It's over." And you keep pushing and they continue to say, "It's over." That makes it very difficult to have a dialogue.

Participants variably reported that they feared the supervisor's response if they pursued further discussion. For example, one participant said,

She completely shut it down, so I wasn't going to push the envelope. I didn't address it with her afterward because I know based on her response in the supervision session it wasn't going anywhere. Power dynamic was too difficult to contend against and I was worried about how she would react if I pushed it.

Rarely did participants report that they felt no further discussion was warranted or that they were uncomfortable being the only LGB voice in the group setting.

***Decision to discuss event/experience with someone else.*** Participants were then asked if they did not discuss the event with their supervisor and/or group, did



they choose to discuss it with someone else. Participants who reported a LGB affirmative event generally said they made the decision not to discuss the event with someone else. They also typically said their reason for not doing so was because the event included sufficient discussion and variantly reported that it was due to the event being a common supervision occurrence. Variantly, participants said they simply did not feel the need to address the event with someone else. Rarely participants did not report their decision to discuss the event with someone else. Finally, rarely did participants decide to discuss the LGB affirmative event with someone else, particularly with their faculty and/or advisor in the program.

Participants who reported a LGB non-affirmative event variantly said that they felt no need to address the event with someone else. Participants also variantly reported that they did make the decision to discuss the LGB non-affirmative event with someone else. They reported that they chose to discuss it with the following people (all were reported in rare frequencies): colleague / peer in supervision or program, colleague / peer outside of program, faculty / advisor / in supervision or program, and/or mentor outside of program. One participant reported,

I did try to talk with my advisor about it. I intimated that I had had a bad experience with my supervisor, and she said that supervision is not something that she would get involved with because it was his supervision and she really didn't want to get into a discussion, and she tried to be respectful and say that she was sorry that I had had that experience, but that she really trusts that the supervisor had the best interests of the client in mind, and I didn't go into huge detail because I was just

sensing that, here's another person who wasn't even going to be listening to what I had to say.

**Effects of reported LGB affirmative and LGB non-affirmative supervision experiences/events on perceptions of and relationships with others.** Participants were asked a series of questions about how the reported events affected several constructs within the supervisory environment. Two categories emerged from the data that were placed in this domain: (1) effects on perception of the supervisor and/or group members and (2) effects on the quality of the relationship with the supervisor and/or group members.

*Effects on perceptions of supervisor and/or group members.* Typically, participants reported that the events, both LGB affirmative and non-affirmative confirmed and/or validated their prior perception of the supervisor. For example, participants reporting a LGB affirmative event discussed how the experience confirmed their perception of their supervisor as accepting, open-minded, and inclusive (affirming), as well as competent and aware of the challenges faced by the LGB community. They also reported that it confirmed their view of the supervisor as self-reflective about his/her own biases and assumptions. For example, one participant stated, "It just confirmed my view of her as a topnotch supervisor, very aware, open, non-judgmental, understanding of the social justice aspects of being part of a marginalized population."

Participants reporting a LGB non-affirmative event discussed how the experience confirmed their perception of their supervisor as unaware, biased, and dismissive. One participant said, "I definitely continued to perceive him as biased and prejudiced, narrow-

mind, unwilling to see a different perspective, and somewhat reactive and defensive.”

Participants also variably reported, across both events, that it confirmed and/or validated their prior perception of group members. Within the LGB affirmative event, participants provided congruent statements about their perceptions of group members that matched what they said about the supervisor. For example, they reported that the event confirmed their perception of group members as accepting, open-minded, and inclusive, aware of the challenges faced by the LGB community, and self-reflective about their biases. One participant reported, “It just confirmed for me what a open and inclusive group of students we have in supervision. Really collaborative and supportive.” Within the LGB non-affirmative event, participants commented on how the event confirmed their perception of group members as biased, narrow-minded, and ignorant.

Rarely, participants reported that the event reinforced and/or deepened their prior perception of the supervisor or group. For example, participants reporting the effects of a LGB affirmative event said that the experience reinforced their perception of their supervisor as more competent, more self-reflective, and/or more affirming. For example, a participant said, ““It made me like her more. I think I respected her more and that she was even more competent than I thought previously. I wanted to know and hear her perspective more.” Similarly, participants reported that they perceived their group members as more affirming and/or more aware of the challenges faced by the LGB community.

For participants reporting the effects of a LGB non-affirmative event, they said they experienced reinforced their perception of the supervisor as more biased and/or more unapproachable. One participant described his supervisor in the following way,

Saw him as more reactive and made me wonder why he was so reactive and what issues was he carrying around that he wasn't willing to address. I wondered whether he had the ability to be reflective and what his own biases were.

Similarly, participants perceived group members as more biased and/or more ignorant.

Finally, across both events, participants rarely reported that they event shifted and/or expanded their perception of the supervisor or group members. For example, one participant described how the LGB affirmative event shifted his/her neutral perception of the supervisor to a positive perception because he/she now viewed the supervisor as open-minded and accepting. Another participant reported a congruent shift in perception related to group members. A participant who reported a shift in perception as a result of the LGB non-affirmative event discussed how he/she now viewed the supervisor as using power/position of authority to silence the participant. This participant said, "I didn't trust her, I didn't respect her opinion on things. She obviously used her power to shut us all down." Another participant reported that their perception of group members shifted such that he/she perceived them as unprofessional. This participant said,

I lost all respect for all the staff in the site because I now saw their lack of professionalism up close, except for the therapist presenting the case. I am still fond of him and I do feel like he is a very good and caring therapist.

*Effects on quality of relationship with supervisor and/or group*

**members.** Participants were asked about the quality of the supervisory and group relationship prior to the events, while supervision was still taking, and after the supervision ended. For the LGB affirmative event, participants typically reported that they perceived the quality of the supervisory relationship as positive. These positive characteristics included a supervisory relationship that was collaborative, safe/trusting, respectful, and supportive. For example, one participant said, "We've had an excellent supervisory relationship. I respect and admire supervisor and feel she respects me. She displays reflexivity and openness to different perspectives." Participants variantly reported that they perceived the quality of the group relationship as positive prior to the LGB affirmative event. In addition to the characteristics noted above, participants defined a positive group relationship as one that included comfort and collegiality. One participant described the group as, "We have a wonderful group of colleague students who are very open minded, recognize the marginalization of LGB people." Rarely, participants reported that they had a neutral or not yet formed perception of the supervisory and/or group relationship. This was generally due to the newness of the relationships or that there were no significant exchanges reported to date.

Participants reporting a LGB non-affirmative event typically perceived the quality of the supervisory relationship as negative prior to the event. These negative perceptions described a supervisory relationship characterized by lack of safety, collaboration, and comfort. For example, one participant described the supervisory relationship as:

It wasn't great. I had always felt he was very abrupt. He seemed to be uncomfortable with me. Every time I would try to bring in my perspective, if I said anything about queer theory or marginalized populations, he would kind of talk over me.

Participants also variably reported that they perceived the quality of the group relationship as negative prior to the event, describing the relationship as unsafe and distant. A participant described her group as, "There was just no cohesion in our group. A couple of us got along, but besides that, we were all very disengaged and distant from each other." Rarely, participants reported that they perceived the relationship with the supervisor and/or group as neutral or not yet formed. This was often due to the newness of the relationship.

When participants were asked how they perceived the quality of the supervisory and/or group relationship after the event occurred, but while the supervision was still taking place, it was typically reported that the event confirmed and/or validated their perceived quality of the relationship with the supervisor and group members. This typically meant that the relational characteristics participants' identified prior to the event were sustained (i.e., collaborative, safe, respectful, or lacking safety, collaboration, or comfort, etc.). For example, one participant stated, "The incident reaffirmed my sense of respect for her and for all members of the group."

For the LGB affirmative event specifically, participants variably reported that the event reinforced and/or deepened the perceived quality of the supervisory relationship. This meant that the relational characteristics participants' identified prior to the event were deepened. For example, one participant stated, "I certainly felt increased respect present

in the supervisory relationship due to her openness and ability to make me feel comfortable presenting cases.” Related to the group relationship, participants rarely reported that the event reinforced or deepened the group relationship. Two final rare findings within the LGB affirmative event were that the event shifted or expanded the perceived quality of the relationship with the supervisor or with the group. For example, a participant reported, “I didn’t expect them to be open minded and accepting, but they were.”

Specifically within the LGB non-affirmative event, participants rarely reported a shift in the perceived quality of the relationship with the supervisor or group. One participant commented, “I felt very uncomfortable with many of my fellow classmates for a while and really didn’t know how to handle them or handle myself in interaction with them.”

When participants were asked about how the event affected the quality of the supervisory and/or group relationship after the supervision ended, across both events, it was typically reported that it confirmed the perceived quality of the relationship with the supervisor. For example, a participant said it confirmed her trust of her supervisor that she would definitely seek her out in the future. Another participant said, “It just made me even more certain I would not use him as a future resource.” Also across both events, three rare findings emerged, particularly that the event (1) confirmed and/or validated the perceived quality of relationship with group members, (2) shifted the perceived quality of relationship with supervisor, and (3) shifted the perceived quality of relationship with group. When describing how the relationship with her supervisor shifted due to a LGB non-affirmative event, one participant said, “So I learned not to trust her and I gave her no

credibility. She would tell me what to do with my cases and I would just say okay just to get along.” Another participant described the shift in the relationship with the group as a result of the LGB affirmative event, stating “It made me feel comfortable sharing my own life experience with the group and how that could impact the therapeutic relationship.” A final variant finding from the LGB affirmative event was that the relationship with the supervisor was reinforced or strengthened. A participant stated that it “increased respect in our relationship due to her openness and ability to make me feel comfortable presenting cases.”

**Personal and professional outcomes.** Participants were asked about the effects of the events on their work with clients, as well as their personal and/or professional lives. As such, two categories comprised this domain: (1) effects on clinical work and (2) effects on personal and/or professional life.

Within the LGB affirmative event, participants typically said that the event had a positive effect on their clinical work. For example, one participant described the event’s impact on her awareness of how her worldview influences therapy. This participant said, “It helped me to understand what I bring in to the room with clients and how that affects the therapeutic relationship.” Another participant discussed how it increased his awareness and decision-making process around self-disclosure in therapy, stating, “It did make me consider when to self-disclose and to really look at my reasons for doing so and how is it clinically relevant and how would it be helpful to my clients.” Participants variably reported that the event had a positive effect on the group, particularly how it related group members’ awareness of how their worldview impacts therapy. One participant said, “It



influenced other group members to be more thoughtful about when they're working with clients to not jump to conclusions or assumptions when people are talking about girlfriends, boyfriends, partners, spouses." Rarely, participants reported that the event had no effect on their clinical work.

Within the LGB non-affirmative event, participants typically reported that the event had no effect on their clinical work. A participant reported, "I don't think it really influenced how I would respond in therapy or how I would have treated that case or thought about that case that was my case." Variantly, participants reported that the event actually had a positive effect on their clinical work. For example, one participant discussed how it made her more reflective of the difference in therapist-client perspectives. She stated, "It made me be a little bit more reflective that my experience may not be the same as clients, and not to place my own experiences as a universal frame on clients." A rare number of participants reported that they were unsure of the effect it had on their clinical work.

When asked how the event affected their personal and/or professional lives, participants reporting an LGB affirmative event typically said it had a positive effect. One participant described how it affected him personally and said, "I felt very safe and supported and I thrived more in that environment than I ever had." Another participant described how it re-affirmed her respect for her graduate program. She stated, "It made me feel that it I was in the right place as far as my own training, that I was being educated by people who really are aware and open and reflective; re-affirmed my faith in my particular institution." Rarely did participants report that the event had no effect or that they were unsure of the effect.

Within the LGB non-affirmative event, generally participants reported that the event had a negative effect on them personally and/or professionally. Some participants described feelings of anger and resentment. For example, one participant said, "You know I've definitely got a lot of anger and a lot of resentment towards the way I was treated, and on the way that I think the program deals with LGBT issues." Another participant commented on feeling marginalized and the supervisor's role within that, stating, "I felt completely marginalized. I felt that he was using his power as a supervisor to shut me up because he's the one who give me a grade." Participants rarely reported that the LGB non-affirmative event had no impact on them.

### **Domains for Follow-Up Interview**

Approximately two weeks after the initial interview, a follow-up interview was conducted to clarify information from the first interview, explore if participants had any other information or reactions they wanted to share that might have arisen from the first interview, and their reactions to the interview as a whole. Two domains emerged from the follow-up interview: (1) additional details about reported LGB affirmative or LGB non-affirmative supervision event and (2) additional reactions to first interview.

**Additional details about reported LGB affirmative or LGB non-affirmative supervision event.** When participants were asked if they had any additional details about the LGB affirmative and/or LGB non-affirmative event, they variably and typically reported that there were no additional details to share, respectively. For participants who did have additional details about the LGB affirmative event reported three rare findings. Participants reconfirmed the affirmative environment created by

supervisor and/or group members, noticed more affirming incidents in supervision post interview, and/or felt an enhanced sense of admiration for their training program post interview. For example, one participant said, "I've continued to have those experiences where my perspective has been valued and if I reference my own relationship it's accepted and nobody really blinks an eye." Another participant commenting on his admiration for his training program stated,

I want you to know how pleased I am at the way in which I feel like my training and my education, you know, has been very affirming to me as a gay man. And I think that if there is a model in the field or standard in the field, I definitely think my program, you know, has really achieved it, set the bar.

Participants who reported a LGB non-affirmative event reported, at the rare frequency level, that they wanted to clarify that the location of the event was off-site, reiterate the negative impact of the event, and/or felt increased sadness about the profession based on retelling the non-affirmative event. For example, one participant commented on the disheartening nature of the event on her perception of the profession, stating,

It makes me lose a little bit of faith in the field, to be honest with you, and I don't know who's policing these educators and I can understand why people don't because there is, again, power differentials. All around, I would say very disheartening.

**Additional reactions to first interview.** Participants were then asked if they had any additional thoughts or reactions to the first interview, the study, or supervision in general. Variantly, participants reported that they had additional reactions to the interview,

the interview process, and its structure. Typically, participants appreciated the opportunity to be heard. One participant said,

Well, I was really anxious about taking part but I'm really glad that I had the opportunity to share this experience with you because I really hadn't told any other people that would understand this about the experience. So for me talking about it was I think a really positive thing.

Participants variantly reported that they hoped the results get disseminated to the professional community. For example, a participant stated,

Well, I really want you to make sure that you sell this in every venue you can get this out to. I think you need to really put it out there. Make sure people are reading this, publish it.

Finally, participants variantly reported both that the interview was too long and questions were redundant, while others variantly reported that it was streamlined and straightforward.

## Chapter 5: Discussion

The purpose of this study was to contribute to the research discourse on LGB affirmative and LGB non-affirmative supervision practices and the impact on supervisees' relationship with their supervisor, clinical work, and personal and professional development. Interviews were conducted with 12 individuals who were currently enrolled in a COAMFTE-accredited graduate program and had experience in individual and/or group supervision. Using consensual qualitative research, seven domains emerged from the data: (1) overall program environment, (2) definitions and operationalization of LGB affirmative and LGB non-affirmative supervision, (3) reported LGB affirmative and LGB non-affirmative events/experiences, (4) effects of reported LGB affirmative and LGB non-affirmative supervision experiences/events on perceptions of others and perceptions of relationships with others, (5) personal and professional outcomes, (6) additional details about reported LGB affirmative or LGB non-affirmative supervision event, and (7) additional reactions to first interview. The last two domains listed emerged from analysis of the follow-up interview. Categories and sub-categories were formed that represented common themes across participants. The guidelines of Hill et al. (1997, 2005) were followed. Sub-categories were considered *general* if they applied to 11 or 12 cases, *typical* if they applied to seven to 10 cases, *variant* if they applied to three to six cases, and *rare* if they applied to one to two cases.

Discussion of the study's findings will be organized in the following way. First, contextual findings about the participants will be discussed, such as demographic information, whether participants were generally out in terms of their sexual orientation and

what factors influenced this decision. Next, participants' definitions of LGB affirmative and LGB non-affirmative supervision will be discussed as a means for understanding the major themes underlying participants' worldview that likely impacted their experience of such events. Then, each of the research questions will be discussed, incorporating the findings that support each research question: (1) the ways in which self-identified LGB supervisees' perceive that LGB issues have been addressed within individual and/or group supervision and (2) the ways in which perceived LGB-affirmative and non-affirmative supervision events contributed to the supervisees' personal/professional development, the supervisory relationship, and the perceived quality of their clinical work. Then, two prototypical case examples of a LGB affirmative and LGB non-affirmative event will be described to offer a richer, more contextual picture of the findings that emerged from the reported event. The chapter will conclude with findings related to the follow-up interview, and a discussion of the study's limitations, implications, and significance for future research.

## Contextual Findings

**Demographic findings.** The participant population consisted of 12 supervisees. Seven participants identified as lesbian, 4 as gay, and 1 as bisexual. Five participants were male, and seven participants were female. The distribution of female and male participants was approximately 60/40, which is consistent with the gender distribution of AAMFT members (AAMFT, 2012). The average age of the participants was 32.5. Eleven participants identified as Caucasian/white and one as bi-racial. The lack of racial diversity was not surprising, as the COAMFTE reports 27% of AAMFT student members identify as a person of color (AAMFT, 2012). Ten participants were currently enrolled in a COAMFTE-

accredited master's program, while two were enrolled in COAMFTE-accredited doctoral programs. The lack of representation of doctoral programs is also logical given there are significantly less doctoral programs in the MFT field. They had an average of 52 hours of individual supervision and 47 hours of group supervision, ranging from 10-120 hours and 20-100 hours, respectively. Participants had an average of 306.5 hours of direct client contact, ranging from 132-500 hours. It is important to note that all participants had significant hours of direct client contact, which would suggest they had completed a significant amount of their clinical training. However, these hours represent their current direct client contact, not the hours they necessarily had accumulated when the reported LGB affirmative or non-affirmative event occurred. Participants had been supervised during their training by an average number of three supervisors, with a range between two and four. Only two participants reported having a LGB supervisor at some point during their training. The fact that only two participants were exposed to a LGB supervisor reflects concern raised in the literature. The lack of exposure to LGB supervisors in clinical training is an area that researchers continue to encourage programs to address as a means for fostering LGB inclusive training practices (Long, 1996; Long & Serovich, 2003)

**Self-disclosure of sexual orientation.** Participants typically said they were always out in regard to their sexual orientation across most supervision experiences, which represents at least half of the participants in this study. When discussing whether they were out or not, some of these participants made statements that suggested they were not just out in supervision, but were generally out across multiple contexts (i.e., "I'm definitely out in supervision, in this program, and life. I don't wish to hide it ever."). The fact

that most participants were always out suggests that this was a personal choice they had made to integrate the whole of who they were into their professional lives. A variant amount of participants said they were sometimes out or were uncertain if others knew of their sexual orientation. This was reflected in statements such as: "I don't make it a habit of talking about it or not talking about it in my program," or that it depended on the context. Interestingly, some participants were uncertain whether others were aware of their sexual orientation because they simply did not know who knew or because they personally were not self-disclosing, but assumed that others may have overheard through word of mouth. A rare number of participants stated that they were never out in supervision or their program. These findings are slightly different than Burkard et al. (2009), as all but one of their participants was out during supervision. This could suggest that the non-affirmative environment that participants in this study reported were more pervasive than what was reported by participants in Burkard et al. (2009), such that some were never out in supervision or their program.

**Factors contributing to self-disclosure of sexual orientation.** The findings related to the factors that influenced whether participants were out across most supervision experiences revealed something not only about the participants themselves, but also about the overall program environment in which they were embedded. Over half of the participants who reported that they were always either said that their decision to be out was based on their own personal comfort with their sexual orientation or because they thought it was important to bring attention to a LGB perspective, regardless of the affirming or non-affirming nature of their program. This suggests that some participants



took a position of advocacy that extended beyond the confines of their role as a supervisee, and had an understanding that they must be active in creating social and political environments that honor diverse identities and perspective. This echoes what Rigazio-DiGilio (2002) suggests is critical to MFTs knowing the role they need to take in creating future societal norms that accept and value diversity.

Other participants discussed factors that were more representative of how the overall program environment influenced their decision. For example, the typical finding that participants' decisions to be out were based on the presence or lack of collaborative and safe dialogue regarding LGB issues was not based in their experience of a particular event, but represented the general atmosphere within the program. Similarly, participants' variant responses about their group members' level of perceived openness to an LGB perspective or awareness of their own biases and assumptions as influential factors determining their self-disclosure was based not on a singular event, but events that had occurred over time and across contexts (i.e., coursework, supervision, etc.). Finally, the rare finding that participants considered whether to self-disclose their sexual if it was relevant to the supervision focus suggests that perhaps their level of embeddedness in or connection with their program was less than those who considered multiple layers of their training context and how this influenced them being out. The opportunity for supervisees to feel comfortable disclosing their sexual orientation in the graduate training environment creates a safe and supportive environment for LGB supervisees to feel self-respect and thus thrive in the profession (Black, 1988).

## **Participants' Definitions of LGB Affirmative and LGB Non-Affirmative Supervision**

There was clear consistency in participants' definitions of what comprised LGB affirmative supervision. Participants generally described a supervision process that lacked hetero-normative and pathological assumptions about the LGB population, as well as a supervisor who actively addressed these assumptions, as well as his/her own biases and those of the group. An affirming supervision process was also defined generally as one where there is environment of collaboration and safety in discourses about biases, assumptions, and knowledge related to LGB topics. It was noted that supervisor was responsible for establish this environment. Participants also described a typical LGB affirmative supervision process as one that respects and accepts learning from different perspectives does not include any direct or veiled discrimination of LGB clients or supervisees, and where the supervisor educates about the LGB population. Similar findings about LGB affirmative supervision have been found in the literature. Cantwell and Holmes (1995) note that the hallmark of an affirmative supervision includes the supervisor creating a respectful, safe, and collaborative learning environment. Aducci and Baptist (2011) suggest that affirmative supervision actively addresses sexual orientation, values the belief that all sexual orientations are valid, and "confronts homophobic collusion" (p.91).

While the language varied, participants' definitions of LGB affirmative supervision also uniformly captured the components described by Pett (2000), which Burkard et al. (2009) noted in their study. This included:

(a) supervisors' acceptance of LGB identification and the belief that heterosexism is pathological; (b) supervisors' awareness of their own attitudes, beliefs, and feelings regarding LGB identification; (c) supervisors' respect for LGB supervisees; (d) supervisors' knowledge about heterosexism, coming out, and related aspects of LGB people's lives; and (e) supervisors' use of supervision to educate trainees about LGB issues and challenge supervisees' negative stereotypes. (p. 177)

Participants' definitions of LGB non-affirmative supervision generally were articulated as the antithesis of their definitions of LGB affirmative supervision. For example, participants defined a non-affirming supervision process as one that includes recognized or unrecognized hetero-normative and pathological assumptions related to LGB population, and lacks collaborative and safe discourses about biases, assumptions, and knowledge related to LGB topics. Congruently, characteristics of the supervisor that informed participants' definition was that the supervisor does not address hetero-normative assumptions, bias, and discrimination with him/herself and group, and does not create opportunities for collaborative discourses about biases, assumptions and knowledge related to LGB topics. These definitions of LGB non-affirmative supervision are consistent with the components outlined in Burkard et al.'s (2009) definition, which was:

LGB non-affirmative supervision may be neutral (e.g., supervisor does not respond to or incorporate LGB concerns during supervision or presentation of client cases) and/or it may involve intentional or unintentional bias (i.e., heterosexism) that pathologizes or invalidates supervisees' and/or their clients' identification as LGB. (p. 177)

While there is not a concrete definition of LGB affirmative supervision reflected in the MFT literature, Rock et al. (2010) suggest that affirmative training practices include two major domains: (1) examination of heterosexist and homophobic belief systems and (2) increased exposure and contact LGB individuals and topics. Within supervision, this suggests that LGB affirmative supervision includes overt attention to how one's worldview related to heterosexism impacts a supervisee's clinical work with all clients, not just those who are LGB. The literature suggests that attending to heterosexist bias and exposure to LGB topics in supervision is integral to creating affirming training environments for supervisees, especially those who identify as LGB (Long, 1996, 1997). Affirming practices also call for the supervisor to take an active role initiating and maintaining a dialogue and supervisory environment that encourages an exploration of heterosexist bias.

The integral role of the supervisor to manage the supervisory exchange was an important component of participants' definitions, which was reflective of both LGB affirmative and LGB non-affirmative definitions and was congruent with how participants described the supervision process as well. The general finding that most participants defined a LGB affirmative supervision process as one with the absence of hetero-normative and pathological assumptions related to the LGB population clearly matched how participants described the characteristics of an affirmative supervisor as one that addresses hetero-normative assumptions, bias, and discrimination with self and others. This was also the case with participants' definitions of LGB non-affirmative supervision. For example, when participants described a LGB non-affirmative supervision process as lacking collaborative and safe dialogue about biases, assumptions and knowledge related

to LGB topics, they also described a supervisor that does not create opportunities for this type of dialogue. This is particularly important since it speaks to the power differentials in the supervisory relationship, and how supervisors in this study responsibly or irresponsibly used their position(s) of authority to advocate for or further marginalize supervisees. This will be discussed in more depth in the findings associated with reported events.

It is important to note that participants' definition of affirmative and non-affirmative supervision was also congruent with their responses to a variety of other questions asked during the interview (i.e., the event they later described, their desired response was from their supervisor, etc.), and added more clarity and richness to their definition. For example, one participant defined LGB non-affirmative supervision in the following way:

It's when the supervisor does not create an environment where I can feel safely talk about my perspective with them in a collaborative and respectful way and how it informs the care I give to my clients. It's when the supervisor doesn't take the time to ask my thoughts, but instead makes assumptions based on his own perspective.

When asked what his desired response was to the LGB non-affirmative supervision, he said,

I wanted him to not immediately jump down my throat about self-disclosing. I would've liked him to ask me my rationale in a quite different way rather than immediately saying that it was inappropriate and I shouldn't have shared that and completely shutting me down about it. I wish we could've had more open collaborative dialogue about it rather than feeling I'm getting my hand slapped for self-disclosing.

Another participant describing LGB affirmative supervision defined it as recognizing “my perspective or any LGB person's perspective or supervisee's perspective as being valued and considered important and an alternative way to view a situation.” This same participant described an LGB affirmative event in the following way:

He encouraged me to explore in supervision how it is that my perspective was informative in terms of how to work with this particular client. He also took a very sort of supportive stance. He acknowledged that I might have a particular understanding or a particular sensitivity which could be useful, which I thought was extremely affirming.

This suggests that the way in which participants defined affirmative and non-affirmative supervision really was an articulation of their worldview and expectations of the supervision and supervisor. It has been noted in the literature that supervisees' worldviews and expectations are integral in shaping the supervision context (Rigazio-DiGilio et al., 1997). Supervisees bring their personal, family, community, cultural, and professional backgrounds to the supervisory encounter. Supervisees' worldviews are the personal (e.g., beliefs, assumptions) and professional (e.g., expectations of supervision) perspective that they bring to supervision that guide what issues come to the foreground, remain in the background, or are missed and/or neglected. In other words, participants' conceptualizations of supervision issues, supervisory approaches for addressing these issues, and benchmarks for evaluating supervision are indicative of how the personal and professional worldviews shaped their expectations of supervision.

**Research Question 1: The ways in which self-identified LGB supervisees' perceive that LGB issues have been addressed within individual and/or group supervision**

Upon commencement of this research, there was an expectation based on the literature that LGB issues might be addressed in programs in a variety of different ways and in different contexts. Consistent with former studies in this area, and particularly the study upon which this was based (Burkard et al., 2009), the primary contexts in which LGB issues might be addressed are: (1) in a specialty class; (2) infused throughout all classes and clinical training; (3) in supervision related to self-of-the-therapist work, and (4) in supervision in which an LGB client was being serviced.

**Description of the ways in which LGB issues are addressed in participant's program environment.** The findings from this category within the *overall program environment* domain revealed that from the participant's perspective, there was a variation in whether, how, and at what level of integration LGB issues were addressed in supervision and in the overall program environment. Over half of participants reported that these issues were addressed in supervision in relation to specific cases that involved LGB clients. Participants rarely said that LGB issues and topics were infused at the level of self-of-the-therapist work in supervision. Considering that the participants in this study identified as LGB, it would seem appropriate that supervisors would address self-of-the-therapist issues in concert with case specific supervision around LGB clients. It was also apparent from the statements made, that participants wanted LGB issues to be addressed via self-of-the-therapist. One participant said, "I would hope it would come up more with self-of-the-therapist stuff, because I think that's a huge piece of becoming a therapist. But

supervisors I've had don't attend to it in that way." lasenza (1989) and Godfrey et al. (2006) contend that supervisors also have the opportunity to initiate dialogue among supervisees about sexual orientation issues, including personal values, myths, stereotypes, and fears via self-of-the-therapist work. Specifically, supervisees should be required to critically examine and challenge their own biases and assumptions about sexual orientation that inform their worldview and how it impacts their therapy. The role of the supervisor should be to introduce and foster greater awareness and consideration of what factors of the supervisees' personal and professional worldviews come into play when conceptualizing and approaching learning and supervisory environments specific to LGB populations and develop professional competencies specific to LGB clients and supervisees. The fact that most supervisors reportedly did not attend to self-of-the-therapist issues with their LGB supervisees would be suggestive of a bias, discomfort and/or an ignorance of the importance of a minority perspective. Failure to address sexual orientation and the perspective and experience of the supervisee negates the obvious influence of LGB supervisees' own identity and worldview on the therapeutic system. It also contradicts what the literature says about effective supervision, which notes the importance that supervisors are supportive of the clinical *and* personal development of supervisees (Black, 1988; Liddle et al, 1988).

The fact that participants variantly reported LGB issues were not addressed in supervision is quite concerning, particularly when coupled with the fact that some supervisors knew that the participants were LGB. Supervisors' failure to address LGB issues in supervision, particularly with LGB supervisees, intentionally or unintentionally



reinforces a heterosexual norm, which serves to further marginalize LGB supervisees. The fact that these participants said things such as, “Well, I don’t think they have been addressed at all in the supervision context” suggests a low level of infusion or integration of LGB issues in clinical training. While this echoes what the literature says (Buhrke, 1989; Burkard et al., 2009; Murphy et al., 2002; Phillips & Fischer, 1998; Rock et al., 2010), it is concerning since the literature also stresses the incorporation of discussions related to sexual orientation in supervision as an integral component in supervisee’s perceived level of competence as a therapist (Green & Dekkers, 2010).

While participants were asked specifically how LGB issues were addressed in supervision, it was interesting that some participants chose to discuss how these issues were addressed or not addressed across the larger training context. Several participants said that it was not addressed outside of supervision at all. When participants reported this, they also commented on how it was not addressed across multiple layers of their graduate program’s infrastructure. One participant said the following about the level of attention LGB issues receive in her graduate program:

I don’t think that I can say with honesty that anything that’s been talked to me in supervision or in our classroom has been helpful in terms of LGB – working with clients who are LGB or understanding diversity from an LGB perspective.

The finding that participants variably reported, that LGB issues were addressed outside of supervision, would appear to be a positive sign that programs are beginning to better integrate information about LGB topics across the curriculum (i.e., formal venues as coursework, the larger clinical training context, or administrative procedures). However, it

is important to note that the degree of integration reported suggests that LGB issues were not being addressed adequately outside of supervision or within the larger context of their graduate program. For example, one participant said, "It's addressed in our diversity class, but other than that, not so much." Another participant spoke about a specialty course, but noted the lack of integration elsewhere, saying, "Outside of that special topics class, there has been no other concrete training on it."

This low level of integration is also reflective of the larger infrastructure that participants are embedded. The contextual issues operating in clinical training programs influence the interactive discourse among participants across all levels of the infrastructure and provide the stage upon which worldviews are tested, reinforced, and modified. The recursive nature of these transactions are informed by dominant institutional, professional, and departmental constructions and the consequent realities that emerge from these constructions and serve to define, train toward, and evaluate benchmarks toward competence at a time in our profession's development where competence has yet to be understood or operationalized. As such, the translations of these constructions into training / supervisory practices can both inhibit and facilitate personal and professional development. The lack of institutional practices that support a culture of inclusion and affirmation for LGB trainees suggests that there are changes that must take place for these issues to be meaningfully addressed.

The findings reported from participants related to their graduate training is consistent with Burkard et al.'s (2009) finding that LGB issues and topics were not systematically infused into clinical training programs, and that such training experiences

are not adequate educational practices to for trainees to work with LGB issues in therapy beyond what they already know or based on their worldview. These findings may also be reflective of a larger, and concerning, trend in the MFT field that suggests graduate training programs are failing to consistently incorporate LGB-affirmative training practices and attention to the contextual issues that shape clinical training and practice (Rock et al., 2010).

**Research Question 2: The Ways in Which LGB-Affirmative and Non-Affirmative Supervision Events Contributed to the Supervisees' Personal/Professional Development, the Supervisory Relationship, and the Perceived Quality of their Clinical Work**

It is important to first note the frequency of LGB affirmative and non-affirmative events. Of the 12 participants, 10 reported having experienced a LGB affirmative event and 11 reported having experienced a LGB non-affirmative event. Interestingly, two participants reported never having experienced an affirming event during their clinical training. Similar to Burkard et al.'s (2009) finding, this study revealed a higher incidence of LGB non-affirmative events than what has been noted in the literature. For example, Pilkington and Cantor (1996) found that 50% of respondents reported experiencing bias or discrimination within supervision. Some of these experiences included derogatory comments toward LGB students or clients by supervisors, the use of pathologizing language regarding LGB people, and comments about curing homosexuality. Messinger (2004) also found that a majority of trainees expressed feelings of lack of safety, homophobia, and heterosexist bias in certain supervision contexts. In this study,

participants' reports of LGB affirmative and LGB non-affirmative events revealed similar themes that were reflected in the literature (Burkard et al., 2009; Messinger, 2004; Pilkington & Cantor, 1996). However, the gravity of the LGB non-affirmative events participants reported is reflective of the presence of a pervasive culture of bias within programs. The next section of the discussion will address the LGB affirmative and LGB non-affirmative events first, and then it will address how these events affected the participant as reflected in the research question above.

**Reported LGB affirmative supervision events/experiences.** As described in the results section, participants typically reported a LGB affirmative event in supervision. Participants described a variety of events that occurred in supervision that they perceived to be affirmative. As the research team analyzed the data, it became apparent that while the content on many of the events participants' described was different, the process that made these events LGB affirmative was quite similar. Rather than present the content of the reported events, the research team decided that detailing the processes and characteristics that made these events affirmative to participants provided a richer picture of the participants' experience. The LGB affirmative events described by participants included one or more of the characteristics noted on Table 3 (an illustrative quote that operationalizes the characteristics can be found on Table 4).

The reported LGB affirmative events typically focused on participants' clinical cases, specifically related to clients who identified as LGB, and took place with a faculty supervisor on-campus. Almost half of the participants reported that the affirmative event transpired within an established supervisory relationship. When asked about specific

personal and professional characteristics of the supervisor, participants were able to describe things such as marital status, sexual orientation, religious affiliation, professional background, and multiple roles held at the academic institution. The more characteristics participants were able to identify revealed how well they knew their supervisor. It is also important to note that participants typically reported having a positive supervisory relationship that was characterized by safety, trust, respect, and collaboration. It is thus not surprising that participants experienced the reported event as affirming in the context of this type of positive supervisory relationship, as the impact of the supervisory relationship on supervisees' experiences of supervision and clinical training is well noted in the literature (Gatmon et al., 2001; Halpert & Pfaller, 2001; Kaiser, 1992; Morgan & Sprenkle, 2007; Watkins, 1997). White and Russell (1995) suggest that "a positive relationship between supervisor-supervisee is a prerequisite to successful supervision" (p.41). While some suggest that the supervisory relationship is made infinitely more complex when discussing issues related to sexual orientation (Halpert & Pfaller, 2001), others note how the ability to attend to such issues in the supervisory process can contribute to increased clinical competence among supervisees, as well as higher levels of satisfaction in supervision and improved supervisory relationships (Aducci & Baptist, 2011; Rock et al., 2010).

Participants described LGB affirmative events that included particular characteristics of the supervisor, individual supervision, and/or group supervision. All affirming events included one or more of the characteristics associated with each category (see Table 3), which when combined, generally created affirmative learning environments

for LGB participants. It was common that when participants described a LGB affirmative event that occurred in individual supervision, the environment they described included characteristics of both the supervision and the individual supervisory environment that created the LGB affirmative event. Similarly, if the event occurred in group supervision, the participant described characteristics related to the supervisor and the group supervision environment.

Most participants reported experiencing LGB affirmative events with a supervisor that was seen as establishing a safe, inclusive, affirming, supervisory context with respect to the LGB population. Similarly, it was not surprising that the affirmative event typically occurred in individual supervision where the participant and supervisor collaboratively engaged in a supportive and affirming supervisory relationship. In these types of supervisory environments, supervisors demonstrated comfort with and interest in the experiences specific to LGB clients, provided opportunities for the participant to share his/her perspective in a way that affirmed both the participant and the LGB client's experience, and recognized his/her role in establishing this environment. Participants that described this type of environment engaged in collaborative exchanges with their supervisor that facilitated discussions that were perceived as affirmative. It makes sense then, if the supervisor and participant engaged in this type of exchange, that the participant did not feel the need to engage in further discussion or resolution about the event or discuss it with someone else because they felt supported, accepted, and affirmed. Stoltenberg et al. (1998) suggest that creating a supervisory environment characterized by acceptance, respect, understanding, support and empathy is the

cornerstone for good supervision.

The descriptions of LGB affirmative events were also congruent with how participants defined LGB affirmative supervision, particularly that there is the presence of collaborative and safe dialogue when LGB topics and issues are raised, as well as a respect for and openness to different perspectives. This is consistent with Burkard et al.'s (2009) about the facilitative nature of the supervisory environment within reported LGB affirmative events. The central importance of safe, collaborative dialogue is supported in the study by Halpert, Reinhardt, and Toohey's (2007) study that highlights the importance of safety, inclusion, and collaboration in establishing an LGB-affirmative supervision.

It was also not surprising that participants described LGB affirmative events where the supervisor provided opportunities for the participant (and the group, if applicable) to expand his/her awareness and knowledge related to LGB issues, as well as maintain a fair and accessible learning environment for LGB supervisees. This was evidenced in events where the supervisor emphasized the importance of and encouraged the participant to share his/her LGB perspective and addressed any hetero-normative assumptions that went spoken or unspoken. Not only did this allow for an expansion of supervisees' awareness and knowledge beyond their own worldview, it validated and honored the participant's perspective as equally valued. This was also congruent with participants' definition of affirmative supervision, such that participants described a supervisor that facilitates education about LGB issues and a supervision process that actively addresses hetero-normative assumptions and bias. The literature has noted the importance of educating about LGB issues, as well as addressing hetero-normative assumptions within

supervision. Long (2002) suggests that one of the components to creating an affirmative environment is for supervisors to be willing to expand their own, and their supervisees', knowledge about LGB issues. Long and Serovich (2003) suggest that supervisors pay particular attention to the use of language (their own and their supervisees), ensuring that language that is respectful, inclusive, and not marginalizing. In particular, supervisors should challenge supervisees' use of language that assumes heterosexuality.

It was interesting that while many of the LGB affirmative events occurred within the group supervision context, and participants reported characteristics that made the group environment affirmative (i.e., displayed respect for / interest in members' worldviews, engaged in opportunities to expand awareness / knowledge / skills specific to LGB population, etc.), many participants emphasized the responsibility of the supervisor to set the tone for these characteristics to emerge from the group. This speaks to the integral role, influence, and responsibility of supervisors, which the literature supports. As gatekeepers of the profession, supervisors are responsible for ensuring that supervisees possess specific knowledge and information about the particular groups they are working and that they are not merely teaching theory and responding to supervisees' case reports, but that they are actually molders of students' epistemology, professional and personal development (Liddle, 1988; Rigazio-Digilio, 2000; Schwartz, 1988).

While many of the participants reported already being out about their sexual orientation in the context of supervision, the affirmative event reportedly influenced the rare number of participants who were not out to disclose their sexual orientation. Again, participants noted that the event specific factors that enabled them to disclose their sexual



orientation were congruent with the characteristics of the event and the definition of LGB affirmative supervision. For example, one participant noted that it was the supervisor's manner of inquiry for and validation of his LGB perspective that made him feel comfortable sharing his sexual orientation with his supervisor. Another participant noted that it was the supervisor's and group's collaborative, safe, and respectful posture that made it comfortable to disclose. This likely mitigated the general consensus in the literature that LGB supervisees are often concerned about the ramifications their sexual orientation on their training due to the lack of acceptance by supervisors and other supervisees (Long, 1997, 2002).

**Effects of reported LGB affirmative experiences/events on perceptions of others and perceptions of relationships with others.** As noted previously, most supervisees reported that the relationship with their supervisor was positive prior to the affirming event. Nearly half also described a positive relationship with group members prior to the event. The quality of the supervisory relationship, after the event, with both the supervisor and the group remained positive for all participants who reported an LGB affirmative event. While it was reported that the relationship remained positive, most participants also said it confirmed or validated their prior perceptions of the quality of the supervision. Therefore, if participants perceived the supervisory relationship as safe, supportive, respectful, and comfortable, the event typically did not change the participants' perception of the affirming nature of the relationship. Only a few participants said it deepened the supervisory and/or group relationship, such that they now perceived their supervisor and/or group as more trustworthy, respectful, and supportive. The fact that the

supervisory relationship remained positive suggests that the event itself was less influential than the actual role of the supervisor to create an environment where the participant felt he/she could trust the supervisor and was respected and affirmed by the supervisor. Establishing this type of environment has been shown to contribute to supervisees' reported best supervision experiences. Anderson et al. (2000) found that supervisees identified that their best supervision experiences transpired in "a facilitative environment characterized by openness, respect, support, and an appreciation for individual differences" (p.88). It also suggests that the event itself can be viewed as one vehicle through which the supervisor established an overall LGB affirmative supervision context. Further, Burkard et al. (2009) also suggest that these types of affirming supervision relationships may "serve as an important foundation for the supervisee and supervisor when inevitable disagreements, difficulties, or conflicts arise" (p. 185).

**Personal and professional outcomes of LGB affirmative supervision experiences/events.** Participants typically reported positive effects of LGB affirmative events across the contexts of their personal and professional development and clinical work. Whether the participant gained insight on how sexual orientation impacted the therapeutic system or felt respect for his/her graduate program, most noted that the effect translated into feeling supported, respected, and acknowledged by their supervisor or group members. This finding is consistent with what Wechtler (1989) found in research aimed at understanding what supervisees preferred from their supervisors. Supervisees reported that respect from their supervisors, help assessing their strengths and areas of growth, and encouragement for developing a personal style of therapy were the most

effective supervisor interpersonal skills. Burkard et al.'s (2009) findings also revealed that participants who experienced a LGB affirmative event indicated that they felt affirmed, validated, and respected.

The results of feeling affirmed and respected by their supervisors and group members also reportedly enabled participants to more fully engage in supervision. This likely impacted the participants' perception that the supervision had positive effects on their clinical work, such as increased awareness of sensitive topics like self-disclosure. The ability to fully engage in supervision is critical especially since supervision is often considered the medium through which supervisees learn to become therapists (Kaiser, 1992; Morgan & Sprenkle, 2007; Watkins, 1997). Lark and Croteau's (1998) study of LGB doctoral students mentoring relationship with faculty found that when students felt affirmed and safe in their LGB identities within the training environment, they were able to fully engage in their training. While they noted the role of institutional or individual factors contributing to this sense of affirmation, most LGB students identified their mentors as most influential in graduate training.

On a personal and professional level, some participants noted that the LGB affirmative event solidified their professional direction and gave them faith that they were in the right field. This demonstrates that the supervisory relationship is important to the entire field of family therapy because "it transmits the field's values, body of knowledge, professional roles, and skills to new clinicians" (Liddle et al., 1998, p.4).

**Reported LGB non-affirmative supervision events/experiences.** As described in the results section, participants typically reported a LGB non-affirmative event

in supervision. Participants described a variety of events that occurred in supervision that they perceived as non-affirmative. As noted earlier, when the research team analyzed the data, it became apparent that while the content on many of the events participants' described were different, the process that made these events LGB non-affirmative was quite similar. Rather than present the data related to these events based on the content of the event, the research team decided that describing the processes and characteristics that made these events non-affirmative to participants provided a richer picture of the participants' experience. The LGB non-affirmative events described by participants included one or more of the characteristics noted on Table 3 (an illustrative quote that operationalizes the characteristics can be found on Table 4).

Some of this study's most significant findings emerged from participants' reports of LGB non-affirmative events. Not only do the events described by participants reveal the characteristics of LGB non-affirmative supervision that is reflected in the literature (Pilkington & Cantor, 1996; Burkard et al., 2009), they also have serious ethical implications.

The reported LGB non-affirmative event typically focused on participants' clinical cases, specifically as it related to clients who identified as LGB. Two participants reported that the non-affirmative event was escalated beyond supervision, to the level of the participant's advisor, program faculty, and/or program director. However, often when it was escalated, the participant was faced with another non-affirmative event (i.e., "That's when things got worse and worse and worse...when I asked for a faculty meeting about it."). Another participant who perceived his off-site supervisor to display discomfort

whenever he tried to talk about queer theory sought counsel from his advisor on how better to connect with his supervisor. In this case, his advisor suggested his flamboyance might be making the supervisor uncomfortable, and refused to get involved in providing a forum for the participant and supervisor to dialogue about what was getting in the way of the supervisory relationship. The multiple layers of resistance and challenge these participants faced was clearly reflective of an institutional culture that did not make room for multiple perspectives to be heard and valued. It is up to advisors, program directors and other faculty to provide an environment where all students have equitable access to resources that positively influence their development.

Unlike the affirmative event, participants reported non-affirmative events took place equally across individual and group supervision contexts. The fact that the non-affirmative event happened equally within individual supervision could suggest that in some way, the group context might have mitigated the occurrence of non-affirmative events because there would be more supervisees exposed to the non-affirmative event, and thus more potential for the supervisor to be called out on the non-affirmative event. The non-affirmative events also variably took place at off-site practicums and within an established supervisory relationship. The fact that non-affirmative events took place off-campus more than the affirmative events may suggest that some programs lack awareness of and/or oversight of the environments of the agencies where their supervisees are doing clinical work.

When asked about specific personal and professional characteristics of the supervisor, participants typically reported knowing less about the supervisor than those in

affirmative events. Some participants only knew salient characteristics (i.e., gender, race). Others were not even sure if the faculty supervisor was tenured, what his/her professional background was, or how long they had been affiliated with the program. This is interesting since participants said the event took place in the context of an established supervisory relationship, yet they knew very little about their supervisor. The lack of knowledge about their supervisor could have likely impacted the supervisory relationship because it has been suggested that self-disclosure on the part of supervisors often allows supervisees to feel safe in sharing their own worldview, and also contributes to a more positive supervisory relationship (Aducci & Baptist, 2011; Black, 1988).

It is also important to note that participants typically reported having a negative supervisory relationship that was characterized by a lack of safety, distrust, and discomfort. It seems logical, then, that the reported non-affirmative supervision events took place in the context of this type of supervisory relationship. The perceived negative quality of the supervisory relationship reported is troublesome considering that the supervisory relationship is critical to supervisee growth, similar to the way the therapeutic relationship is the cornerstone to therapy (Loganbill, Hardy, & Delworth, 1982; Stoltenberg et al., 1998).

All of these contextual pieces are important, as they would appear to provide the foundation upon which the LGB non-affirmative event occurred. It also suggests that the event occurred within the parameters of a wider context influenced by these variables, over a period of time, such that these events can be seen as microcosms of the participant's larger experience, not just one-time events. The influence of these contextual variables, such as a negative supervisory relationship, likely inhibited the creation of

facilitative learning environments that participants desired. Similar to Burkard et al.'s (2009) findings, this could have created the supervisory conditions that did not allow for open discussions about LGB issues across the supervisory experience.

Participants described LGB non-affirmative events that included particular characteristics of the supervisor, individual supervision, and/or group supervision. All non-affirmative events included one or more of the characteristics associated with each category (see Table 3), which when combined, generally created non-affirmative learning environments for LGB participants. It was common that when participants described a LGB non-affirmative event that occurred in individual supervision, the environment they described included characteristics of both the supervisor and the individual supervisory environment that created the LGB non-affirmative event. Similarly, if the event occurred in group supervision, the participant described characteristics related to the supervisor and the group supervision environment.

Participants typically reported experiencing LGB non-affirmative events with a supervisor that was seen as not establishing a safe, inclusive, affirming, supervisory context with respect to the LGB population. Similarly, it was not surprising that the non-affirmative event typically occurred in individual supervision where the participant and supervisor did not display respect for or interest in each other's worldview, nor did they collaborate to create a learning environment that displayed respect for the LGB population. In these types of supervisory environments, supervisors demonstrated a discomfort with and lack of interest in the experiences specific to LGB clients, obstructed opportunities for or discouraged the participant to share his/her perspective related to LGB issues, and

used his/her position of power to silence the participant. Participants that described this type of environment did not engage in collaborative exchanges with their supervisor that would have facilitated a discussion that could have been perceived as affirmative. Based on the perceived lack of safety and collaborative dialogue within the supervisory relationship, it makes sense then, that participants typically did not engage in further discussion with the supervisor in order to either seek resolution related to the non-affirmative event due to the supervisor's perceived abrasiveness and dismissiveness. This is consistent with Burkard et al.'s (2009) findings that supervisees likely questioned the safety of supervision, and thus became tentative in pursuing conversation to address their concerns. Further, the inability for participants to feel heard, valued, respected, and encouraged to share their perspective is consistent with the literature on what inhibits the creation of an effective supervisory environment (Anderson et al., 2000; Stoltenberg et al., 1998).

Several participants reported trying to talk with their supervisor about the non-affirmative event because they felt it was the supervisor's job to engage in further discussion; however, they were always met with an additional layer of non-affirmation. In contrast to the affirmative event, nearly half of participants chose to further discuss the event with someone else. Participants reported a variety of people they chose to talk to, but one of the most distressing findings emerged when participants spoke about talking to their advisor and/or program director for support and intervention. In two out of the three reported events where participants did this, their advisor or program director did not use their position of authority to support and intervene for the participant. Instead, the advisor



or program director suggested that the participant was responsible for the non-affirmative event (i.e., "What she said to me was that she wondered if I wasn't being approachable to my site supervisor because I was – let me see if I can say this just the right way – if maybe I was acting too gay and I was making [the site supervisor] uncomfortable."). If supervisors and/or program faculty do not provide learning environments for supervisees that are safe and inclusive, it is unclear how the infrastructure of the program is providing facilitative learning environments at all for these supervisees.

These descriptions of LGB non-affirmative events were also congruent with how participants defined LGB non-affirmative supervision, particularly that there is a lack of collaborative and safe dialogue when LGB topics and issues are raised, as well as a lack of respect for and openness to different perspectives. This is consistent Stoltenberg et al.'s (1998) suggestion that respect, understanding, and support are vital to supervisee development, and that without these elements, supervisors stagnate the supervisory process.

Participants also described LGB non-affirmative events where the supervisor did not provide opportunities for the participant (and the group, if applicable) to expand his/her awareness and knowledge related to LGB issues, and participated in or remained neutral in response to the event that contributed to inequitable and discriminatory supervisory environments for LGB supervisees. This was evidenced in events where the supervisor did not encourage the participant to share his/her LGB perspective and did not address any hetero-normative assumptions that went spoken or unspoken, either in individual or group supervision. In group supervision, this obstructed supervisees' awareness and knowledge

beyond their own worldviews as it related to LGB issues, and it devalued and marginalized the participant's perspective. This was also congruent with participants' definition of non-affirmative supervision, such that participants described a supervisor and supervision process that expands supervisees' awareness and knowledge about LGB issues and actively addresses hetero-normative assumptions and bias. The literature has noted the importance of educating about LGB issues, as well as addressing hetero-normative assumptions within supervision. Authors have also agreed that an integral component of LGB-affirmative training environments entails faculty and supervisors becoming educated about sexual orientation issues so they can better understand the experiences of their LGB supervisees (Long, 2002; Long & Serovich, 2003; Messigner, 2004, 2007; Pfohl, 2004).

One of the most important findings that emerged from participants' reports of non-affirmative events was the presence of discriminatory supervisory practices where supervisors used their positions of authority to silence and marginalize LGB supervisees. Participants described experiences where they were silenced and dismissed after having a non-affirmative experience at their site and tried to seek support of faculty:

I was so offended by [a discriminatory practicum supervision experience] I talked to the program director about it.

He told me I was over reacting, personalizing, and not objective. He so minimized my experience and told me I had no sense of humor. He said he knew the people and they would never behave the way I explained.

He literally threatened to punish me about the way I was describing this, saying . . .

if I have the nerve to say I was so offended, but didn't say anything, then what kind of professional / clinician was I going to be . . . that he didn't believe the experience really happened, because if it did I would have spoken up.

So I was literally being accused of being hysterical, irrational, overreacting, not being objective. It was by far away, the single most hurtful experience I've had.

Others described events where the supervisor disregarded the participant's LGB perspective and made deficit based comments about their LGB identity, such as,

What made me so upset was the lack of dialogue, the lack of curiosity about why I thought it was important for [case-illustration] instead of immediately jumping to conclusions that because I am gay, I projected onto them, rather than the fact that because I'm gay, I have a particular perspective that I think would be helpful to this family.

In conceptualizing a case, a fellow supervisee made a statement about how people "turn gay" and the supervisor was asked to address this and did not do so, "The supervisor said it's not open for discussion in this supervision. And the conversation is over, we're moving on." These illustrative narratives provide a portrait of disturbing abuses of power and a discriminatory posture of supervisors, of which the participants were keenly aware. The narratives also align with what the literature says are forms of power abuse that can occur in the supervisory relationship, including, "over-focusing on supervisee mistakes, psychopathologizing the supervisee, verbally attacking the supervisee, assigning an excessive caseload to a supervisee without adequate supervision, using supervision to

meet a supervisor's social-emotional needs, and forcing supervisees to adhere to a supervisor's theoretical framework" (Murphy & Wright, 2005, p. 284).

Supervisors and faculty clearly have considerable power in the life of the supervisee (Bernard & Goodyear, 2009), as the supervisor is the integral evaluative vehicle for supervisees and will often be one of the key references for supervisee's future clinical career. The *AAMFT Code of Ethics* (2012), Principle 4.1, makes an explicit statement about supervisors' responsibility to not exploit their positions of authority with supervisees, stating, "Marriage and family therapists who are in a supervisory role are aware of their influential positions with respect to students and supervisees, and they avoid exploiting the trust and dependency of such persons." The *AAMFT Approved Supervisor Designation Standards and Responsibilities Handbook* (2005) states that one of the nine learning objectives for supervisors is "to be knowledgeable about the ethical and legal issues of supervision" (p.6). Further, the *AAMFT Code of Ethics* also is clear that marriage and family therapists must not discriminate based on sexual orientation. The *AAMFT Approved Supervisor Designation Standards and Responsibilities Handbook* also requires supervisors "to be sensitive to contextual variables" within supervision (p.6). Both sets of guidelines clearly state that marriage and family therapy supervisors must not discriminate and/or perpetuate bias, as well as be aware of and attend to the power they have in the supervisory relationship. Within this context, the reported non-affirmative events can be seen as violations of these guidelines; however, participants in this study did not mention the ethical implications of the non-affirmative events they experienced. This could have been because they felt they were continuously met with higher levels of resistance,

marginalization, and difficulty when they tried to pursue resolution of the event, that understanding and pursuing the events in the context of ethical violations would have produced even more difficulty. They also could have felt that they did not have an ally in a position of authority to support them if they chose to pursue an ethical complaint.

While many of the participants reported already being out about their sexual orientation in the context of supervision, the non-affirmative event reportedly influenced the rare number of participants who were not out to remain in the closet. Whether they felt the group's response in supervision was biased and oppressive and the supervisor did not address it, or because LGB perspectives were clearly not talkable with the supervisor in individual or group supervision, these participants said it did not feel safe to disclose their sexual orientation in those contexts. This aligns with the literature that suggests that LGB supervisees may be concerned about the ramifications of their sexual orientation on their training due to the lack of acceptance by supervisors and other supervisees (Long, 1997, 2002).

### **Effects of reported LGB non-affirmative experiences/events on perceptions of others and perceptions of relationships with others.**

In contrast to the LGB affirmative events, participants who reported LGB non-affirmative events typically described having a negative perception of the supervisor and the quality of the supervisory relationship prior to the actual event. Participants described their supervisors as biased, dismissive, unapproachable, and unaware. Congruently, they described the supervisory relationship as unsafe, not collaborative and uncomfortable. Most participants focused their reports on perceptions of their supervisor, but a variant

number said they perceived the group as biased, ignorant, and unaware. Consistent with these perceptions, participants perceived the group relationship as unsafe and distant. Similar to the LGB affirmative event, it is therefore not surprising that a non-affirmative event occurred within the context of a poor supervisory relationship. The perception of the supervisor and group was confirmed as a result of the event, as were the negative perceptions of the quality of the supervisory and/or group relationships. On rare occasions when the participant had a neutral perception of the supervisor or group and/or the relationship, the participant's perception shifted to viewing them as unsafe and lacking trust. The fact that perceptions of the supervisory relationship typically remained negative suggests that the event itself was less influential than the relationship and supervisory environment that was created over time with the supervisor and/or group.

Not surprisingly, participants reported uniformly negative effects of LGB non-affirmative events across the contexts of their personal and professional development. Most noted that the event affected them at a deeply personal level where they felt a range of negative emotions (e.g., anger, sadness, fear, frustration), which caused many to withdraw from active engagement in supervision. Participants discussed how they simply "did what they needed to do" to get through supervision, and often disregarded the clinical direction offered by their supervisor. This is similar to Burkard et al.'s (2009) finding that those who experienced non-affirming supervision "became distrustful of and psychologically withdrew from supervision" (p.186). This withdrawal from supervision echoes what others have noticed in previous research related to how a poor supervisory relationship negatively impacts the process of supervision and ultimately client care (Gray,

Ladany, Walker, & Ancis, 2001; Ladany, Hill, Corbett, & Nutt, 1996). Particularly, Lark and Crouteau (1998) noted that supervisees “often related to their completion/survival in the program, their socialization into the profession, and their shaping of future career plans” with an affirming supervisory/mentoring relationship. When LGB trainees felt a sense of safety and affirmation about their sexual orientation from their mentors, they had more energy and focus to put toward their training. Further, when they did not feel safe and affirmed, most of their graduate experience was focused on survival in the program. Participants also reported that they felt disillusioned by the marriage and family therapy field, especially since they faced marginalization and discrimination by professionals in the field. This supports the contention of researchers that the impact of supervision and the supervisory relationship extends well beyond the parameters of simply teaching a clinical skill set, and has the power to transform supervisees personally and professionally (Murphy & Wright, 2005).

Burkard et al.'s (2009) findings suggest that the non-affirmative event also created a supervision environment where critical concerns about clinical work went unaddressed. However, participants in this study said that the non-affirmative event had either a positive effect or no effect on their clinical work. For those who said it had a positive effect, they described how it made them more aware of not projecting their own worldview onto their clients, as they felt their supervisor had done with them. It was surprising to hear participants say that the non-affirmative experience had no impact on their clinical work. Participants seemed to exhibit a sense of strength and competence when they said they did not allow the bias and oppression they experienced to infuse the therapeutic

relationship. However, it is concerning that there appeared to be little reflection and follow-up about the participants' clinical work related to the specific LGB non-affirmative event, since the participant chose not to share clinical cases that revolved around sexual orientation. If one of the integral roles of supervisors is "safeguarding the welfare of clients" (Mead, 1990, p. 4) by assisting in the development of less experienced trainees in their clinical work, supervisors who reportedly were biased and discriminatory toward participants did not create an environment where participants' could safely seek supervision to better serve their clients.

In this study, those who challenged the biased or oppressive way in which they and/or their clients were treated found themselves powerless to change the perspective of their supervisor or group members. The literature suggests that attending to power and diversity in supervision is crucial to positive outcomes for supervisees in supervision (Gatmon et al., 2001; Inman, 2006; Murphy & Wright, 2005). As mentioned previously, only a few supervisees escalated it to a higher level (i.e., administrator and/or program director), and often found little support at that level as well. This speaks to the pervasive nature of the non-affirmative training environment, such that it appeared to be engrained in the very structure of the training program. This multilayered oppression caused some supervisees to question their entrance into a field they thought valued social justice and inclusion. Hernandez and McDowell (2010) suggest supervisors are required to enter their role with the goal of encouraging equity, which requires them to acknowledge power, privilege and oppression and be accountable for its role in the supervisory context. It is particularly concerning that participants reported experiences where supervisors exploited the inherent



power that comes with their role as supervisors and educators.

### **Prototypical Case Examples of LGB Affirmative and LGB Non-Affirmative Supervision Events**

**LGB affirmative supervision event.** Participant A was a 33-year-old, Caucasian gay male who was out in supervision (and within the program environment). His faculty supervisor (who was also his advisor) was a tenured member of the institution and was also openly gay. The participant reported that the faculty supervisor was in approximately 50 years old, and had been in a committed relationship for close to 30 years. The participant shared that the faculty supervisor entered the field as a result of being discriminated against in the business world and was compelled to make a difference for others who faced discrimination based on their sexual orientation. The participant felt that he had an excellent relationship with his supervisor prior to the event, and considered him a mentor. He described his supervisor as honest, trustworthy, sensitive, supportive, and insightful.

In this LGB affirmative event, the participant was having difficulty at his off-site placement, such that he was feeling discriminated against by his supervisor (and others at the agency) based on his LGB identity. He decided to reach out to his faculty supervisor/advisor for support and guidance. When approached by the participant to discuss a negative situation he was having at his off-site practicum, the supervisor immediately welcomed the participant in and encouraged a collaborative dialogue about what had been happening at his off-site practicum. The supervisor acknowledged and

affirmed the biased and marginalizing experience the participant was having at his off-site practicum. The supervisor provided both empathic and instrumental support to the participant, and discussed how they could collaborate to address his concerns and experience. The participant felt that this discussion with his faculty supervisor/advisor showed that his perspective mattered, that the supervisor cared about his development as a person and a professional, and that the supervisor was going to directly address the oppressive practices of the agency. The participant later found out that his supervisor went beyond just addressing this at the off-site agency, but also addressed it with other faculty members. The participant said this experience just reconfirmed what he already knew about how supportive, respectful, and trustworthy his faculty supervisor/advisor was. The participant said that it made him even more reflective of how his minority clients might need his support (as he needed his supervisor's) and how he could provide it in a therapeutic way. He also said that it made him want to model his professional trajectory after his faculty supervisor/advisor, and be an advocate for social justice.

**LGB non-affirmative supervision event.** Participant B was a 39-year-old lesbian who was selectively out about her sexual orientation in supervision, reporting that she does not hide it, but does not make a habit out of talking about it freely, particularly with faculty because she does not feel all that safe with them. Her faculty supervisor was a tenured member of the institution and was the program director as well. The participant reported that the faculty supervisor/program director was a Caucasian male in his 60s, but did not know much more about him than that. The participant felt that the supervisory relationship was poor and perceived her supervisor/program director as arrogant,

dismissive and demeaning.

In this LGB non-affirmative event, the participant was engaged in group supervision at her off-site practicum placement where a colleague was presenting a case of coming to term's with a son's coming out process. The colleague mentioned that the son was a bit effeminate, and immediately some of the clinicians began to laugh and a couple of them made jokes about the son painting his fingernails. The participant said that the on-site administrator was in the case conference and was laughing along with a few other clinicians. Feeling completely marginalized and unable to comment while the event was occurring, she decided to reach out to her faculty supervisor/program director (because that is who she received supervision from related to her off-site practicum) and report the event and express her anger and feelings of marginalization. When she approached her faculty supervisor/program director and described the event that happened, the faculty supervisor/program director accused the participant of over-reacting, personalizing the situation, and not being objective about what she witnessed. He also suggested that she might be lying because he knew the people at the off-site practicum and that they would never behave that way. The faculty supervisor/program director also challenged the participant about why she did not speak up if she had been so offended, and that the fact she did not, suggested she was not a competent professional if she chose to just tell him and did not address it while the event was happening. The participant felt that the supervisor created an unsafe environment that further marginalized her. The participant felt that this discussion (and lack of collaborative discussion) with her faculty supervisor/program director showed that her perspective was not valued and that the

supervisor was intentionally participating in the perpetuation of bias and marginalization.

The participant said she thought that her faculty supervisor/program director knew she was a lesbian, but she had never disclosed this personally to him. The participant said this experience made her feel even more unsafe and distrustful of her faculty supervisor/program director. She said she withdrew from supervision and tried to just survive the rest of the program. She said she did not have the strength to escalate the event because she felt like this was reflective of the larger program environment, and no one would support her if she did. The participant could not identify any effects on her clinical work, but did express the negative effects on her personal and professional development. She felt hurt, anger and resentment toward all parties involved (both on-campus and off-campus). Finally, she said the reason she agreed to participate in the study is because she wanted her voice to be heard since she has felt so silenced and powerless.

### **Findings from Follow-Up Interview**

The most significant findings from the follow-up interview were related to how participants experienced the first interview and the study as a whole. Participants typically reported that they appreciated the opportunity to tell their stories and be heard. Often, participants who reported non-affirmative events stated that participating in the interview was one of the first times they had felt affirmed. Considering many of them did not have a vehicle to process the non-affirmative event within their training program, it makes sense that the interview was a beneficial experience for them. Nearly half of participants reported

that they hoped the information from this study was disseminated to the wider professional community and used to facilitate change in training programs.

There was some variation in the way participants experienced the first interview. While over half of participants said they felt the first interview was conducted well, and that questions were streamlined and straightforward, others commented on the interview being too long and some questions being redundant. Upon reflection, this difference could exist because as the interviewer became more comfortable with the interview process, she incorporated that feedback into subsequent interviews. The fact that some participants felt the interview was too long is not surprising, given the intent of the researcher was to obtain a rich description of the participant's experience, which may have influenced the interviews to probe for more description by the participant.

## **Implications & Significance**

Before addressing the implications and significance of this study directly, it is important to note that while the research offers suggestions of how to integrate LGB issues into mental health training curricula, the research on LGB issues in clinical training still lags behind other topics in the literature (Clark & Serovich, 1997; Hartwell et al., 2012). Hartwell et al. (2012) note LGB related content in couple and family therapy journals only accounts for 2% of articles. Although this is a 238% increase since their 1997 content analysis, it still raises concern since approximately 75% of AAMFT members report 10% of their practice consists of LGB clients (Green & Bobele, 1994). Hartwell et al. (2012) note that if MFTs "aim to increase their feelings of competency and decrease the impact of homophobia on their practice, more resources upon which they can draw when working

with GLB clients needs to be readily available” (p.233). Charlés et al. (2005) also note, “there is little evidence in the MFT literature of the methods by which these values are promulgated in clinical training contexts” (p.240).

The findings of this study and the reported experiences of the participants suggest the need for more focused research on how adequately MFT training programs are attending to biases and providing meaningful training around LGB issues which are preparing students to effectively work with this marginalized population. The high incidence of LGB non-affirmative experiences that participants reported suggest that there is a vital need for our supervisors to be evaluated and held accountable for creating environments that maintain a sense of safety. Hernandez and Rankin (2008) define this as relational safety within supervision and describe it as:

...something constructed over time by actions that demonstrate, little by little, that we care for one another. Building relational safety takes intuition, courage, and observation. Its evolution depends, it seems to me, on our ability to demonstrate repeatedly that we are able to take responsibility for the risks assumed when we communicate with one another. Relational safety is, perhaps more than anything, affirming. (p.255)

It is clear that for participants who reported non-affirmative events, there was little safety within the supervisory context to address the overt power and privilege present in a way that expanded the supervision. Instead, supervisors used their power to silence, dismiss, and invalidate the perspective of the participants.

Further, the events that participants described, both affirmative and non-affirmative,

were also not isolated events, but were experiences embedded in a supervisory, and at times institutional, context that occurred over time. The experiences that were non-affirmative seemed to occur in a context that had multilayered bias, discrimination, or abuse of power and privilege, meaning that it was not only reflective of the supervisory context, but occurred at multiple levels of the participant's training. For example, the non-affirmative experiences usually took place in a training environment that reportedly did not adequately address LGB issues didactically or within supervision; if the experience took place off-campus, most participants did not receive support from their graduate program, even if they escalated to the program director. As Hernandez and Rankin (2008) suggest, faculty must

...challenge privilege and its effects by confronting comments that minimize or deny issues related to marginalized groups and/or conversations. Although the questioning of privilege is not comfortable for those who hold privilege, it is necessary to discuss the social location of the parties in conversation within the context of larger social discourses on sexual orientation. (p.261)

With a supervisor's commitment to creating a safe supervision environment, there should be the ability to directly address LGB supervisees' feelings of being silenced and engage a more meaningful dialogue about power, privilege, and heterosexist bias within supervision. Researchers suggest that all supervision should include overt conversations about within the supervisory relationship, and should begin at the start of supervision (Constantine, 2001; Gatmon et al., 2001; Hird et al., 2001; Mittal & Wieling, 2006; Murphy

& Wright, 2005; Murphy, Park, & Lonsdale, 2006). The contention being that attention to power and privilege in supervision is integral to successful supervisory practices.

Based on the review of the literature within MFT and other mental health disciplines, as well as the results of this study, there appear to be several areas that necessitate attention in order for MFT training to be relevant and impactful for all trainees, and meaningfully prepare trainees to work with all populations without bias or the perpetuation of injustice. An important challenge that Hernandez and Rankin (2008) present is for MFT training programs and scholars to “hold theories and clinical practices accountable for homophobia” (p.261). By critically examining foundational and emerging theories within MFT training and supervision, the field will be better positioned to evolve as the needs of trainees and clients continue to change. If the field does not take a stance of critical inquiry and examination, the field may become antiquated and stagnant.

Several authors in the MFT field have heeded these calls to action through examination of affirmative training practices. For example, Rock et al. (2010) examined couple and family therapy students' level of affirmative training received in their graduate programs. The authors found that 60.5% of students reported they had received no training on affirmative therapy practices. McGeorge and Carlson (2011) also proposed a three-step model to assist heterosexual therapists in becoming more aware of their heteronormative assumptions and privileges and how this relates to the therapeutic process with LGB clients. Finally, Carlson et al. (2012) recently developed the Affirmative Training Inventory as a measure of LGB affirmative training practices.



While these research endeavors are critical to expanding the dialogue about LGB affirmative training, this study intended to go a step further by considering not only the impact of affirmative training as it relates to competency working with LGB clients, but how LGB students are experiencing their training, specifically via supervision, as affirming or non-affirming. Current research has gathered information from heterosexual students about the extent to which MFT training programs are integrating LGB issues or creating affirmative training environments, which provides the perspective of the majority voice. However, some of the most practically relevant information about affirmative training and supervision comes from the perspective of LGB students. By seeking the feedback of LGB students, their perspectives can be used to enhance clinical training practices. If we do not, we are negating an integral part of the training system.

### **Limitations**

This study had several limitations that must be noted. Many qualitative inquiries rely on self-reported, retrospective information from participants. . As such, the data that was gathered has been impacted by the recall of supervision events that occurred months or several semesters in the past, which may include retrospective recall error that influences the findings (Patton, 2002). Since the information shared was from the perspective of the supervisee, it must be acknowledged that supervisors may have remembered and recounted the supervision events quite differently. The perspective of the participant is just one perspective and not necessarily the reality of the experience itself. Therefore, the subjectivity of the self-reported experiences must be considered. However, it was not the intention of the research team to attempt to determine what actually occurred as much as the perception of the participant, as it is this perception or frame that informs the

participant's experience. The self-selected nature of the participant pool should be considered as a limitation as well. Those who had non-affirmative events where they had no outlet to talk or seek resolution may have been more willing to participate.

Another limitation of the study revolves around the use of telephone interviews. While telephone interviews have the potential to provide the means for a rich description of participants' experiences and are consistent with the CQR approach (Hill et al., 2005), they also limit the researcher's ability to witness participants' reactions to the interview questions. In order to mitigate this limitation, interviews used several warm-up questions to help build a sense of rapport and comfort with the interviewees, as well as be overt about asking how the interview affected them. Despite the efforts to mitigate this limitation, it must be acknowledged that the research team did not have access to the non-verbal components of communication that would likely have revealed a rich source of information. Since Hill et al. (1997, 2005) suggest the use of a follow-up interview protocol, and because this study was a replication study, a follow-up interview was used. However, the follow-up interview did not yield a great deal of additional information, and participants did not seem particularly invested in this interview.

This study used a snowball sampling method, which has some inherent limitations. Ideally, the initial contacts or *seeds* in snowball sampling are randomly chosen (Magnani, Sabin, Saidel, & Heckathorn, 2005). However, in practice this is difficult, especially when researching marginalized or hard to reach populations. Therefore, one of the major drawbacks could be a bias in the sample, such that the sample may be biased toward

“favoring more cooperative as opposed to randomly chosen” participants (Magnani et al., 2005, p. 69).

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## Tables

Table 1

*Identification and Operationalization of Initial Domains / Start List Based on Interview Questions*

Identification of Initial Domains / Start List	Operationalization of Initial Domains / Start List
<b>First Interview</b>	
<b>Phase 1: General Information</b>	
1. In what ways have LGB issues been addressed in your individual and or group supervision experiences?	1. Participant's description of the ways in which LGB issues are addressed in his or her individual/group supervision experiences.
2. How have these experiences influenced your development as a therapist?	2. Participant's assessment of how these supervision experiences influenced his or her development as a therapist.
3. How would you define LGB affirmative supervision - think about what processes need to be present or likely to occur in order for supervision experiences to be defined as LGB affirmative?	3. Participant's definition of LGB affirmative supervision (i.e., processes present or likely to occur during such experiences).
4. How would you define LGB non-affirmative supervision - think about what processes need to be present or likely to occur in order for supervision experiences to be defined as LGB non-affirmative?	4. Participant's definition of LGB non-affirmative supervision (i.e., processes present or likely to occur during such experiences).
5. Are you typically out as an LGB person in your supervision experiences?	5. Participant's typical identification as an LGB person across most supervisory experiences.
6. What factors contribute to being out or not?	6. Factors defined by participant as contributing to his or her being out or not across most supervision experiences.
<b>Phase 2: Description of One LGB Affirmative Supervision Event / Experience</b>	
1. Please describe a specific incident in which you felt that your individual or group supervision experience was LGB affirming.	1. Participant's description of a specific individual or group supervision experience that was felt to be LGB affirming.
2. What was your desired response to this incident?	2. Participant's description of responses he or she desired to this experience.
3. Describe the quality of the supervision relationship and the quality of the relationship with group members prior to this incident happening?	3. Participant's description of the quality of the supervision relationship and the quality of the relationship with group members prior to the LGB affirming experience reported.
4. Were you out to this supervisor?	4. Participant's identification of him or herself as an LGB person with this particular supervisor.
5. What factors contributed to you being out?	5. Factors defined by participant as contributing to his or her being out or not with this particular supervisor.

- |                                                                                                                                           |                                                                                                                                                                                                                                             |
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| 6. If you were able to discuss this with your supervisor or group members, what enabled you to do so? Anything you chose not to disclose? | 6. Participant's identification of the factors that enabled him or her to discuss this affirming experience with the supervisor and / or relevant group members – and the factors that influenced anything he or she chose not to disclose. |
| 7. If you were not able to discuss this with your supervisor or group members, did you choose to discuss this with someone else?          | 7. If the participant was unable to discuss the experience with the supervisor and / or relevant group members, was a decision made to discuss the experience with someone else.                                                            |
| 8. What could have the supervisor done to facilitate discussion of incident?                                                              | 8. Participant's assessment of what the supervisor could have done to facilitate a discussion of the affirming experience.                                                                                                                  |

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**Phase 3: Assessment of Effects – Reported LGB Affirmative Supervision Event / Experience**


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| 1. How did this incident affect your perceptions of your supervisor or group members?                                                                                                                                                             | 1. Participant's assessment of the ways in which the affirming experience affected his or her perception of supervisor and/or group members.                                                                              |
| 2. While the supervision was still taking place, what was the effect on the relationship with supervisor or group members?                                                                                                                        | 2. Participant's assessment of the ways in which the affirming experience affected his or her relationships with the supervisor and/or relevant group members while supervision was still taking place.                   |
| 3. What effect did this incident have on your relationship with (a) your supervisor; or (b) your supervisor and other group members (if group supervision) after supervision ended?                                                               | 3. Participant's assessment of the ways in which the affirming experience affected his or her relationships with the supervisor and/or relevant group members after supervision ended.                                    |
| 4. How did the interaction with your supervisor or group members affect your work with clients?                                                                                                                                                   | 4. Participant's assessment of the ways in which the affirming experience affected his or her work with clients.                                                                                                          |
| 5. In what other ways, if any, has the interaction or discussion with (a) your supervisor (if individual supervision); or, (b) with your supervisor and other group members (if group supervision) affected you personally and/or professionally? | 5. Participant's assessment of the ways in which the affirming experience and/or any discussions about the experience with the relevant supervisor or group members affected him or her personally and/or professionally. |
| 6. How, if at all, did other aspects of your identity interact with your identity as an LGB person in this incident?                                                                                                                              | 6. Participant thoughts about the ways in which other aspects of his or her identity interact with LGB identity during event                                                                                              |

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**Phase 4: Description of Context – Reported LGB Affirmative Supervision Event / Experience**


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| 1. Please provide some context for the supervision experience [e.g., general information on supervisor (gender, age, was supervisor licensed, supervision experience of supervisor, did supervisor identify as LGB, ally, or unknown), frequency of supervision, focus of supervision, how long you had worked with supervisor at time of incident, how long you worked with supervisor overall, when in the program the | 1. Participant's description of contextual factors associated with the event |
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**Phase 2: Additional Details - Reported LGB Non-Affirmative Supervision Event / Experience**


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| 1. Are there any further details you remembered about the LGB non-affirmative supervision incident you shared with me that you believe would be important for us to know about for this study? | 1. Participant's recollection of additional details about shared LGB non-affirmative supervision event / experience two weeks after first interview. |
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**Phase 3: Additional Reactions - Reported Supervision Events / Experiences and First Interview**


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| 1. And, I would be very interested to learn about any additional thoughts, reactions, feelings, or inner experiences that may have arisen for you about the incidents we discussed or as a consequence of our initial interview. | 1. Participant's additional reactions/thoughts/feelings/experiences about shared events two weeks after first interview. |
| 2. Finally, I hope you will share any further thoughts you have about supervision, this study, and the interview process.                                                                                                        | 2. Participant's additional thoughts about supervision, study, and interview process two weeks after first interview     |

Table 2

*Operationalized Initial Domains and Identification of Core Ideas and Initial Categories*

Initial Domains*	Core Ideas and Initial Categories
	First Interview
Phase 1: General Information	
1. Participant's description of the ways in which LGB issues are addressed in his or her individual/group supervision experiences.  <i>How LGB Issues are Addressed in Overall Learning Environment</i>	<p><b>Within Supervision</b></p> <p>Not addressed in supervision</p> <p>Addressed in individual supervision: Case specific - LGB clients</p> <ul style="list-style-type: none"> <li>▪ Treatment planning</li> <li>▪ Case management</li> <li>▪ Clients' worldviews</li> <li>▪ Supervisee's worldview</li> <li>▪ Supervisees' worldviews</li> <li>▪ Supervisor's worldview</li> </ul> <p>Addressed in group supervision: Case specific - LGB clients</p> <ul style="list-style-type: none"> <li>▪ Treatment planning</li> <li>▪ Case management</li> <li>▪ Clients' worldviews</li> <li>▪ Supervisee's worldview</li> <li>▪ Supervisees' worldviews</li> <li>▪ Supervisor's worldview</li> </ul> <p>Addressed in individual supervision: Self-of-the-therapist</p> <ul style="list-style-type: none"> <li>▪ Supervisee's worldview</li> <li>▪ Supervisees' worldviews</li> <li>▪ Supervisor's worldview</li> </ul> <p>Addressed in group supervision: Self-of-the-therapist</p> <ul style="list-style-type: none"> <li>▪ Supervisee's worldview</li> <li>▪ Supervisees' worldviews</li> <li>▪ Supervisor's worldview</li> </ul> <p><b>Beyond Supervision</b></p> <p>Not addressed outside of supervision</p> <p>Addressed outside of supervision: Formal venues</p> <ul style="list-style-type: none"> <li>▪ Integrated throughout program</li> <li>▪ Integrated across courses</li> <li>▪ Specialty courses</li> <li>▪ Administrative policies and procedures</li> </ul> <p>Addressed outside of supervision: Informal venues</p> <ul style="list-style-type: none"> <li>▪ Informal discussions with students cohorts</li> <li>▪ Informal discussions with other program participants</li> </ul>

Initial Domains*	Core Ideas and Initial Categories
<p>2. Participant's assessment of the ways in which these supervision experiences influenced his or her development as a therapist.</p> <p><i>Participant Self-Appraisal: Influence of the Program's Approach to LGB issues on Participant's Development as Therapist</i></p>	<p>No influence</p> <p>Uncertain of influence</p> <p>Minimal to moderate influence</p> <ul style="list-style-type: none"> <li>▪ Enhanced sense of clinical competence</li> </ul> <p>Significant influence</p> <ul style="list-style-type: none"> <li>▪ Solidified professional direction / desired areas of expertise</li> <li>▪ Enhanced awareness of self-of-therapist issues</li> </ul>
<p>3. Participant's definition of LGB affirmative supervision (i.e., processes present or likely to occur during such experiences).</p> <p><i>Participant Worldview: Definition of LGB Affirmative Supervision</i></p>	<p>Characteristics of supervision process</p> <ul style="list-style-type: none"> <li>▪ Absence of / attention to LGB issues framed as pathological / deviant</li> <li>▪ Absence of / attention to heteronormative assumptions: Client specific</li> <li>▪ Absence of / attention to heteronormative assumptions: Supervisees</li> <li>▪ Absence of / attention to direct or veiled discrimination of LGB population</li> <li>▪ Respect for / acceptance of learning from different perspectives: Clients</li> <li>▪ Respect for / acceptance of learning from different perspectives: Supervisees</li> <li>▪ Acceptance of / attention to one's scope of knowledge about LGB issues</li> <li>▪ Desire to learn about LGB issues and perspectives</li> <li>▪ Awareness of / attention to one's own assumptions and/or worldview</li> <li>▪ Sense of safety for supervisee to explore issues related to LGB identity, perspective, or clients</li> <li>▪ Sense of safety for group members to explore issues related to LGB identity, perspective, or clients</li> <li>▪ Collaborative dialogues with supervisor and supervisee</li> <li>▪ Collaborative dialogues among group members</li> </ul> <p>Characteristics of supervisor</p> <ul style="list-style-type: none"> <li>▪ Addresses heteronormative assumptions with group</li> <li>▪ Acknowledges own assumptions</li> <li>▪ Addresses bias / discrimination with group</li> <li>▪ Educates about LGB population, LGB struggles as part of a marginalized population, effective / relevant approaches to working with LGB clients</li> <li>▪ Creates opportunities for collaborative dialogues with participant and/or group regarding LGB issues</li> </ul>
<p>4. Participant's definition of LGB non-affirmative supervision (i.e., processes present or likely to occur during such experiences).</p> <p><i>Participant Worldview: Definition of LGB Non-Affirmative Supervision</i></p>	<p>Characteristics of supervision process</p> <ul style="list-style-type: none"> <li>▪ Presence of / no attention given to LGB issues framed as pathological / deviant</li> <li>▪ Presence of / no attention given to recognized / unrecognized heteronormative assumptions: Client specific</li> <li>▪ Presence of / no attention given to recognized / unrecognized heteronormative assumptions: Supervisees</li> <li>▪ Presence of / no attention given to direct or veiled discrimination of LGB population</li> <li>▪ Lack of respect for / acceptance of (and no attention given to) learning from different perspectives: Clients</li> </ul>

Initial Domains*	Core Ideas and Initial Categories
	<ul style="list-style-type: none"> <li>▪ Lack of respect for / acceptance of (and no attention given to) learning from different perspectives: Supervisees</li> <li>▪ Lack of awareness of (and no attention given to) to one's scope of knowledge about LGB issues</li> <li>▪ Lack of interest in (and no attention given to) learning about LGB issues and perspective</li> <li>▪ Lack of awareness of (and no attention given to) one's own assumptions and/or worldview</li> <li>▪ Lack of safety for supervisee (and no attention given to) to explore issues related to LGB identity, perspective, clients, marginalization, discrimination, etc. with supervisor</li> <li>▪ Lack of safety among group members (and no attention given to) to explore issues related to LGB identity, perspective, clients, marginalization, discrimination, etc.</li> </ul> <p>Characteristics of supervisor</p> <ul style="list-style-type: none"> <li>▪ Does not address heteronormative assumptions with group</li> <li>▪ Does not address own assumptions</li> <li>▪ Does not address bias / discrimination with group</li> <li>▪ Does not educate about LGB population, LGB struggles as part of a marginalized population, effective / relevant approaches to working with LGB clients</li> <li>▪ Does not create environment of safety to discuss LGB issues with participant and/or group</li> </ul>
<p>5. Participant's typical identification as an LGB person across most supervisory experiences.</p> <p><i>Participant's Identification / Non-identification as LGB Person in Program</i></p>	<p>Always out</p> <p>Sometimes out / Uncertain</p> <ul style="list-style-type: none"> <li>▪ Already out based on word of mouth / Uncertain who may or may not know</li> <li>▪ Already out based on personal choice / Uncertain who may or may not know</li> </ul> <p>Never out</p>
<p>6. Factors defined by participant as contributing to his or her being out or not across most supervision experiences.</p> <p><i>Program-Specific Factors Reported to Contribute to Participant's Identification / Non-identification as LGB Person</i></p>	<p>Factors across most supervision experiences and/or other program components</p> <ul style="list-style-type: none"> <li>▪ Presence of / lack of comfort and safety</li> <li>▪ Presence of/ lack of collaborative dialogues regarding LGB issues</li> </ul> <p>Factors associated with supervisor across most supervision experiences and/or other program components</p> <ul style="list-style-type: none"> <li>▪ Non-judgmental and open-minded to others' perspectives</li> <li>▪ Aware of unique struggles of LGB persons as part of marginalized group</li> <li>▪ Commitment to building knowledge/skills/awareness of supervisees / students</li> <li>▪ Self-reflective about own biases/assumptions</li> <li>▪ Judgmental and close-minded to others' perspectives</li> <li>▪ Unaware of unique struggles of LGB persons as part of marginalized group</li> <li>▪ Lacks self-reflection about own biases/assumptions</li> </ul> <p>Factors associated with group members / student cohorts across most supervision experiences and/or other program components</p> <ul style="list-style-type: none"> <li>▪ Non-judgmental and open to others' perspectives</li> <li>▪ Willing to acknowledge marginalized status of LGB persons</li> </ul>

Initial Domains*	Core Ideas and Initial Categories
	<ul style="list-style-type: none"> <li>Desire to learn about LGB issues</li> <li>Self-reflective about own biases/assumptions</li> <li>Judgmental and close-minded to others' perspectives</li> <li>Lack of interest in learning about LGB issues</li> <li>Lack of self-reflection about own biases/assumptions</li> </ul> <p>Factors associated with supervision focus and/or training focus across most supervision experiences and/or other program components</p> <ul style="list-style-type: none"> <li>Applicability / relevance to supervision focus: Client focused</li> <li>Applicability / relevance to supervision focus: Self-of-therapist</li> <li>Applicability / relevance to course topic</li> </ul> <p>Factors associated with participant worldview</p> <ul style="list-style-type: none"> <li>Comfort level with own identity as LGB</li> <li>Belief in importance of bringing attention to LGB perspective across supervision experiences and other program components</li> </ul>
<b>Phase 2: Description of One LGB Affirmative Supervision Event / Experience</b>	
<p>1. Participant's description of a specific individual or group supervision experience that was felt to be LGB affirming.</p> <p><i>Reported LGB Affirming Supervision Event</i></p>	<p><b>Reports</b></p> <ul style="list-style-type: none"> <li>No LGB affirmative event reported</li> <li>No discussion of LGB issues reported as most affirmative event</li> <li>LGB affirmative event reported</li> <li>LGB affirmative event reported as representative of all supervision experiences and/or program experiences</li> </ul> <p><b>Characteristics of Reported LGB Affirmative Supervision Event</b></p> <p>Supervisor</p> <ul style="list-style-type: none"> <li>Known to visibly contribute to maintaining fair / equitable / accessible leaning environment - across all program components - for LGB students</li> <li>Known to establish safe / inclusive / affirming / professional supervisory experiences with respect to LGB population</li> <li>Demonstrated importance of understanding / respecting / addressing one's scope of awareness / knowledge / skills specific to LGB population</li> <li>Provided opportunities for all participants to expand awareness, knowledge, and/or skills specific to LGB population</li> <li>Visibly contributed to maintaining fair, equitable, accessible supervisory environment for LGB students</li> </ul> <p>Individual supervisory relationship: Supervisor and supervisee</p> <ul style="list-style-type: none"> <li>Supervisor known to establish safe, inclusive, affirming, and professional supervisory experiences with respect to LGB population</li> <li>Engaged in safe, inclusive, affirming, and professional supervisory experience with respect to LGB population</li> <li>Displayed respect for and interest in one another's personal and professional worldviews, acknowledged the resources within and parameters of these worldviews, and recognized the collaborative learning potential of their relationship specific to LGB population</li> <li>Engaged in opportunities to expand awareness, knowledge, and/or skills specific to LGB population</li> </ul>

Initial Domains*	Core Ideas and Initial Categories
<p>2. Participant's description of responses he or she desired to this experience.</p> <p><i>Participant Worldview: Participant's Definition of LGB Affirmative Supervision</i></p>	<ul style="list-style-type: none"> <li>▪ Contributed to maintaining a fair, equitable, and accessible supervision environment for LGB supervisee</li> </ul> <p>Group supervisory relationship: Supervisor and members</p> <ul style="list-style-type: none"> <li>▪ Supervisor known to co-construct (with supervisees ) / safe / inclusive / affirming, supervisory environments with respect to LGB population</li> <li>▪ Displayed respect for and interest in members' personal and professional worldviews</li> <li>▪ Invited members to acknowledge the resources within and parameters of their worldviews, and to recognize and experience the collaborative learning potential of their group specific to LGB population</li> <li>▪ Engaged in opportunities to expand awareness, knowledge, and/or skills specific to LGB population</li> <li>▪ Contributed to maintaining a fair, equitable, and accessible supervision environment for LGB students</li> </ul> <hr/> <p>Desired responses: Supervisor</p> <ul style="list-style-type: none"> <li>▪ Supervisor's encouragement of participant's LGB perspective</li> <li>▪ Supervisor's lack of heteronormative assumptions about clients</li> <li>▪ Supervisor's recognition of / acknowledgement of lack of LGB knowledge</li> </ul> <p>Desired responses: Group</p> <ul style="list-style-type: none"> <li>▪ Group's demonstration of openness to LGB perspective</li> </ul>
<p>3. Participant's description of the quality of the supervision relationship and the quality of the relationship with group members prior to the LGB affirming experience reported.</p> <p><i>Participant Assessment: Perceived Quality of Relationships with Supervisor and/or Relevant Group Members Prior to Reported LGB Affirming Event</i></p>	<p>Positive perception of quality of relationship with supervisor</p> <ul style="list-style-type: none"> <li>▪ Collaborative</li> <li>▪ Comfortable</li> <li>▪ Safe/Trusting</li> <li>▪ Respectful</li> <li>▪ Supportive</li> </ul> <p>Positive perception of quality of relationship with group members</p> <ul style="list-style-type: none"> <li>▪ Collaborative</li> <li>▪ Comfortable</li> <li>▪ Safe</li> <li>▪ Respectful</li> <li>▪ Collegial</li> <li>▪ Supportive</li> </ul> <p>Neutral or not yet formed perception of quality of relationship with supervisor</p> <ul style="list-style-type: none"> <li>▪ Supervision relationship not sufficiently developed to assess</li> <li>▪ No significant exchanges have contributed to a developed sense of the relationship.</li> </ul> <p>Neutral or not yet formed perception of quality of relationship with group members</p> <ul style="list-style-type: none"> <li>▪ Group supervision relationships not sufficiently developed to assess</li> <li>▪ No significant exchanges have contributed to a developed sense of these relationships</li> </ul>

Initial Domains*	Core Ideas and Initial Categories
<p>4. Participant's identification of him or herself as an LGB person with this particular supervisor.</p> <p><i>Participant's Identification / Non-identification as LGB Person with Supervisor Associated with Reported LGB Affirming Event</i></p>	<p>Already out</p> <ul style="list-style-type: none"> <li>By personal choice; supervisor knew</li> <li>Decisions about disclosure sometimes could not be considered because participant's LGB identity was already known to others (e.g., program director, other faculty, students, etc.)</li> </ul> <p>Somewhat / Uncertain</p> <ul style="list-style-type: none"> <li>Already out by choice or word of mouth; unsure if supervisor knew</li> </ul> <p>Not out</p>
<p>5. Factors defined by participant as contributing to his or her being out or not with this particular supervisor.</p> <p><i>Factors Reported to Contribute to Participant's Identification / Non-identification as LGB Person with Supervisor Associated with Reported LGB Affirming Event</i></p>	<p><b>Event-Specific Factors</b></p> <ul style="list-style-type: none"> <li>Supervisor was perceived to be collaborative, comfortable, safe/trusting, respectful, and / or supportive)</li> <li>Supervisee(s) were perceived to be collaborative, comfortable, safe/trusting, respectful, collegial, and / or supportive)</li> <li>Supervision focus/case presentation was perceived as an opportunity to share LGB perspective and identity</li> </ul> <p><b>Program-Specific Factors</b></p> <ul style="list-style-type: none"> <li>Supervisor's level of perceived knowledge and awareness about LGB community in across supervision experiences and as instructor</li> <li>Program environment was perceived as collaborative, comfortable, safe/trusting, respectful and/or supportive</li> <li>Participant was out by choice or word of mouth / supervisor knew</li> <li>Participant was out by choice or word of mouth / unsure if supervisor knew</li> </ul>
<p>6. Participant's identification of the factors that enabled him or her to discuss this affirming experience with the supervisor and/or relevant group members – and the factors that influenced anything he or she chose not to disclose.</p> <p><i>Factors that Enabled Discussion with Relevant Participants and that Influenced Focus of Discussion</i></p>	<p><b>Event –Specific Factors that Enabled Discussion:</b></p> <ul style="list-style-type: none"> <li>Supervisor created a safe environment</li> <li>Supervisor was open, inclusive, non-judgmental</li> <li>Supervisor was supportive of LGB identity</li> <li>Supervisor encouraged participant to share his/her LGB perspective during a case presentation</li> <li>Supervisee(s) were open, inclusive, non-judgmental</li> <li>Supervisee(s) were supportive of LGB perspective</li> </ul> <p><b>Event –Specific Factors that Influenced Choice not to Discuss:</b></p> <ul style="list-style-type: none"> <li>Not necessary / appropriate to supervision focus</li> <li>Lack of comfort being only LGB voice</li> </ul> <p><b>Event –Specific Factors that Influenced Focus of Discussion:</b></p> <ul style="list-style-type: none"> <li>Necessary / appropriate to supervision focus</li> </ul> <p><b>Program-Specific Factors that Enabled Discussion:</b></p> <ul style="list-style-type: none"> <li>Supervisor always ensures safe environment for discussions</li> <li>Supervisor always open, inclusive, non-judgmental</li> <li>Supervisor always supportive of LGB identity</li> <li>Supervisee(s) always open, inclusive, non-judgmental</li> <li>Supervisee(s) always supportive of LGB perspective</li> <li>Supervision climate always perceived as valuing LGB perspective</li> </ul> <p><b>Program –Specific Factors that Influenced Choice not to Discuss:</b></p> <ul style="list-style-type: none"> <li>Not necessary given such experiences are common place in program.</li> </ul>

Initial Domains*	Core Ideas and Initial Categories
	<ul style="list-style-type: none"> <li>Lack of comfort in past experiences (i.e., across supervision and in other aspects of program) being only LGB voice.</li> </ul> <p><b>Program-Specific Factors that Influenced Focus of Discussion:</b></p> <ul style="list-style-type: none"> <li>Participant's LGB perspective was valued across wider program environment</li> </ul>
<p>7. If the participant was unable to discuss the experience with the supervisor and/or relevant group members, was a decision made to discuss the experience with someone else.</p> <p><i>Decision to Discuss Reported LGB Affirming Event with Someone Outside of Supervision</i></p>	<p>Decision to discuss with someone else</p> <ul style="list-style-type: none"> <li>None reported</li> </ul> <p>Decision made not to discuss with someone else</p> <p><b>Event-Specific Reason</b></p> <ul style="list-style-type: none"> <li>Event was common supervision occurrence / did not warrant further discussion</li> <li>Event included sufficient discussion / did not need further discussion</li> </ul> <p><b>Program-Specific Reason</b></p> <ul style="list-style-type: none"> <li>Event was common program occurrence / did not warrant further discussion</li> </ul>
<p>8. Participant's assessment of what supervisor could have done to facilitate discussion of the affirming experience.</p> <p><i>Participant Worldview: Participant's Definition of LGB Affirmative Supervision</i></p>	<p>Nothing</p> <ul style="list-style-type: none"> <li>Supervisor provided appropriate discussion of experience</li> <li>Experience did not necessitate further discussion</li> </ul>
<b>Phase 3: Assessment of Effects - Reported LGB Affirmative Supervision Event / Experience</b>	
<p>1. Participant's assessment of the ways in which the LGB affirming experience affected his or her perception of supervisor and/or group members.</p> <p><i>Participant Assessment: Effects of Reported LGB Affirming Event on Perceptions of Supervisor and/or Group Members</i></p>	<p>Confirmed / validated prior perception of supervisor as:</p> <ul style="list-style-type: none"> <li>Accepting, open-minded, inclusive (i.e., affirming)</li> <li>Aware of challenges faced by LGB population</li> <li>Competent</li> <li>Self-reflective about own biases / assumptions</li> <li>Trustworthy</li> </ul> <p>Confirmed / validated prior perception of group members as:</p> <ul style="list-style-type: none"> <li>Accepting, open-minded, and inclusive (i.e., affirming)</li> <li>Aware of challenges faced by LGB population</li> <li>Self-reflective about own biases / assumptions</li> </ul> <p>Reinforced / deepened prior perception of supervisor – now seen as:</p> <ul style="list-style-type: none"> <li>More affirming</li> <li>More competent</li> <li>More self-reflective</li> <li>More trustworthy</li> </ul> <p>Reinforced / deepened prior perception of group members – now seen as:</p> <ul style="list-style-type: none"> <li>More affirming</li> <li>More aware of challenges faced by LGB population</li> </ul>



Initial Domains*	Core Ideas and Initial Categories
	<p>Shifted prior perception of supervisor:</p> <ul style="list-style-type: none"> <li>▪ Shift from positive (e.g., aware, competent) to negative perception (e.g., lacked conviction to overtly/clearly/directly address heterosexist bias of supervisees)</li> </ul> <p>Shifted prior perception of group members:</p> <ul style="list-style-type: none"> <li>▪ From neutral (e.g., uncertain) to positive (e.g., open-minded and accepting)</li> </ul>
<p>2. Participant's assessment of the ways in which the affirming experience affected his or her relationships with the supervisor and/or relevant group members while supervision was still taking place.</p> <p><i>Participant Assessment: Effects of Reported LGB Affirming Event on Perceived Quality of Relationships with Supervisor and/or Group Members</i></p>	<p>Confirmed / validated perceived quality of relationship with supervisor</p> <ul style="list-style-type: none"> <li>▪ Collaborative</li> <li>▪ Comfortable</li> <li>▪ Safe/trusting</li> <li>▪ Respectful</li> <li>▪ Supportive</li> </ul> <p>Confirmed / validated perceived quality of relationship with group members</p> <ul style="list-style-type: none"> <li>▪ Collaborative</li> <li>▪ Comfortable</li> <li>▪ Safe</li> <li>▪ Respectful</li> <li>▪ Collegial</li> <li>▪ Supportive</li> </ul> <p>Reinforced / deepened / strengthened perceived quality of relationship with supervisor</p> <ul style="list-style-type: none"> <li>▪ Increased connectedness</li> <li>▪ Increased trust / respect</li> <li>▪ Increased safety to share perspectives / worldviews</li> <li>▪ Increased sense of supervisor as an ally</li> </ul> <p>Reinforced / deepened / strengthened perceived quality of relationship with group members</p> <ul style="list-style-type: none"> <li>▪ Increased connectedness</li> <li>▪ Increased safety to share perspectives / worldviews</li> <li>▪ Increased respect among group members</li> </ul>
<p>3. Participant's assessment of the ways in which the affirming experience affected his or her relationships with the supervisor and/or relevant group members after supervision ended.</p> <p><i>Participant Assessment: Effects of Reported LGB Affirming Event on Perceived Quality of Relationships with Supervisor and/or Group Members</i></p>	<p>Confirmed / validated perceived quality of relationship with supervisor</p> <ul style="list-style-type: none"> <li>▪ Sustained relational characteristics (i.e., collaborative, comfortable, safe/trusting, respectful, and/or supportive)</li> <li>▪ Continued sense of supervisor as ally that participant would seek out in future</li> </ul> <p>Confirmed / validated perceived quality of relationship with group members</p> <ul style="list-style-type: none"> <li>▪ Sustained relational characteristics (i.e., respectful and / or supportive)</li> </ul> <p>Reinforced / deepened / strengthened perceived quality of relationship with supervisor</p> <ul style="list-style-type: none"> <li>▪ Evolving relational characteristics (i.e., increased connectedness, trust / respect, and/or safety to share perspectives / worldviews)</li> <li>▪ Increased sense of supervisor as an ally</li> </ul>

Initial Domains*	Core Ideas and Initial Categories
<p>4. Participant's assessment of the ways in which the affirming experience affected his or her work with clients.</p> <p><i>Participant Self-Appraisal: Influence of Reported LGB Affirming Event on Participant's Development as Therapist</i></p>	<p>No effect</p> <p>Positive effect on participant</p> <ul style="list-style-type: none"> <li>Increased awareness of self-of-therapist issues / worldview and impact on clients</li> <li>Increased awareness and sensitivities toward other perspectives / worldviews</li> <li>Increased awareness of appropriateness of self-disclosure</li> <li>Increased perceived competence as a therapist</li> </ul> <p>Positive effect on group</p> <ul style="list-style-type: none"> <li>Increased group members' awareness of impact of own worldview</li> </ul>
<p>5. Participant's assessment of the ways in which the affirming experience and/or any discussions about the experience with the relevant supervisor or group members affected him or her personally and/or professionally.</p> <p><i>Participant Self-Appraisal: Personal / Professional Effects of Reported LGB Affirming Event and/or Further Discussions about Event</i></p>	<p>No effect</p> <p>Not sure</p> <p>Positive effect</p> <ul style="list-style-type: none"> <li>Solidified professional direction / specific areas of expertise</li> <li>Provided model for entering profession</li> <li>Confirmed participant's view of facilitative / LGB affirming learning environment</li> <li>Participant felt affirmed, supported, validated, respected</li> </ul>
<p>6. Participant thoughts about the ways in which other aspects of his or her identity interact with LGB identity during event.</p> <p><i>Contextual Factors: How other Aspects of Cultural Identity Intersected with LGB Identity During Reported LGB Affirming Event</i></p>	<p>Not sure</p> <p>Gender</p> <ul style="list-style-type: none"> <li>Supervisor / participant gender match</li> </ul> <p>Age</p> <ul style="list-style-type: none"> <li>Supervisor / participant age difference</li> <li>Age differences among supervisees and others</li> </ul> <p>Geography</p> <ul style="list-style-type: none"> <li>Supervisor and participant from different socio-political areas</li> </ul>
<b>Phase 4: Description of Context - Reported LGB Affirmative Supervision Event / Experience</b>	
<p>1. Participant's description of contextual factors associated with the event.</p> <p><i>Contextual Factors Specific to Reported LGB Affirming Supervision Event</i></p>	<p>Supervision structure</p> <ul style="list-style-type: none"> <li>Individual</li> <li>Group <ul style="list-style-type: none"> <li>Number of participants</li> <li>Information about participants (gender, age, ethnicity, sexual orientation, length of time known, other contexts worked with)</li> </ul> </li> <li>Weekly</li> </ul>

Initial Domains*	Core Ideas and Initial Categories
	<p>Supervision focus</p> <ul style="list-style-type: none"> <li>▪ Case specific</li> <li>▪ Theory driven</li> <li>▪ Self of the therapist</li> </ul> <p>Supervision location</p> <ul style="list-style-type: none"> <li>▪ On-campus/University setting</li> <li>▪ Off-campus/Off-site practicum or internship</li> <li>▪ Both</li> </ul> <p>Supervision phase</p> <ul style="list-style-type: none"> <li>▪ Early in clinical training</li> <li>▪ Midway through clinical training</li> <li>▪ End of clinical training</li> <li>▪ Not reported</li> </ul> <p>Participant's Prior Work with Supervisor</p> <ul style="list-style-type: none"> <li>▪ Experience with supervisor in didactic classes only</li> <li>▪ No prior experience working with supervisor</li> <li>▪ Established supervisory relationship</li> <li>▪ New supervisory relationship</li> </ul> <p>Personal Characteristics of Supervisor</p> <ul style="list-style-type: none"> <li>▪ Age – 30s-60s, Unknown</li> <li>▪ Gender – Male, Female</li> <li>▪ Race – White, Hispanic/Latino</li> <li>▪ Ethnicity – European/American, Hispanic/Latino</li> <li>▪ Sexual orientation – Straight, Gay, Unknown</li> <li>▪ Religious affiliation – Christian, Jewish, Unknown</li> <li>▪ Identified as LGB ally</li> </ul> <p>Professional Characteristics/Role of Supervisor</p> <ul style="list-style-type: none"> <li>▪ Unknown</li> <li>▪ Tenured faculty</li> <li>▪ Untenured, tenure track faculty</li> <li>▪ Adjunct faculty</li> <li>▪ Off-site supervisor</li> <li>▪ Professional licensure (e.g., LMFT, LPC, etc).</li> <li>▪ Administrator (e.g., Program Director)</li> </ul>
Phase 5: Description of One LGB Non-Affirmative Supervision Event / Experience	
<p>1. Participant's description of a specific individual or group supervision experience that was felt to be LGB non-affirmative.</p>	<p><b>Reports</b></p> <ul style="list-style-type: none"> <li>▪ No LGB non-affirmative event reported</li> <li>▪ LGB non-affirmative event reported</li> <li>▪ LGB non-affirmative event reported as representative of all supervision experiences and/or program experiences</li> </ul>
<p><i>Reported LGB Non-Affirming Supervision Event</i></p>	<p><b>Characteristics of reported LGB non-affirmative events</b></p> <p>Supervisor</p> <ul style="list-style-type: none"> <li>▪ Known to visibly participate or remain absent or neutral in response to practices that do not contribute to maintaining fair / equitable / accessible learning environment - across all program components - for LGB students</li> </ul>

Initial Domains*	Core Ideas and Initial Categories
	<ul style="list-style-type: none"> <li>▪ Known to participate in / remain absent or neutral in response to across and within-in-supervision practices that contribute to unfair, inequitable, non-inclusive, disconfirming, discriminatory, and irrelevant supervisory environments for LGB students</li> <li>▪ Did not establish safe, inclusive, affirming, and professional supervisory experience with respect to LGB population</li> <li>▪ Did not demonstrate importance of addressing one's scope of awareness / knowledge /skills specific to LGB population</li> <li>▪ Did not provide opportunities to expand awareness, knowledge, and/or skills specific to LGB population</li> <li>▪ Participated in / remained neutral in response to experiences occurring during the event that contributed to making this an unfair, inequitable, non-inclusive, discriminatory, and irrelevant supervisory environment specific to LGB population</li> </ul> <p>Individual supervisory relationship: Supervisor and supervisee</p> <ul style="list-style-type: none"> <li>▪ Supervisor known to establish unfair, inequitable, non-inclusive, disconfirming, discriminatory, and irrelevant supervisory practices / exchanges with respect to LGB-specific issues and LGB supervisees</li> <li>▪ Did not display respect for and interest in one another's worldviews, resources within and parameters of these worldviews, and any collaborative learning potential that could arise from the supervisory relationship specific to LGB population</li> <li>▪ Did not engage in opportunities to expand awareness, knowledge, and/or skills specific to LGB population</li> <li>▪ Contributed to the presence of unintentional bias /misperceptions/ discrimination and overt and intentional bias and discrimination within supervision</li> </ul> <p>Group supervisory relationship: Supervisor and members</p> <ul style="list-style-type: none"> <li>▪ Supervisor known to co-construct (with supervisees) unfair, inequitable, non-inclusive, disconfirming, discriminatory, and irrelevant supervisory practices / exchanges with respect to LGB-specific issues and LGB supervisees</li> <li>▪ Did not display respect for and interest in members' worldviews, resources within and parameters of these worldviews, and any collaborative learning potential that could arise from the relationship specific to LGB population</li> <li>▪ Did not engage in opportunities to expand awareness, knowledge, and/or skills specific to LGB population</li> <li>▪ Contributed to the presence of unintentional bias /misperceptions/ discrimination and overt and intentional bias and discrimination within supervision</li> </ul>
<p>2. Participant's description of responses he or she desired to this experience.</p> <p><i>Participant Worldview: Participant's Definition of LGB Non-Affirmative Supervision</i></p>	<p>Desired responses: Supervisor</p> <ul style="list-style-type: none"> <li>▪ Challenge heterosexist bias/worldview of colleagues</li> <li>▪ Display more collaboration and less punishment about self-disclosure</li> <li>▪ Create a more inclusive and LGB affirmative atmosphere</li> <li>▪ Provide guidance and support regarding difficulties at off-site placement</li> <li>▪ Not dismiss participant's perspective/worldview</li> <li>▪ Facilitate open dialogue</li> </ul>

Initial Domains*	Core Ideas and Initial Categories
	<p>Desired responses: Group</p> <ul style="list-style-type: none"> <li>Display more professional and sensitive posture in discussion about LGB clients.</li> </ul> <p>Desired responses: Administrator / Faculty supervisor</p> <ul style="list-style-type: none"> <li>Use position of authority to take actions to support participant</li> </ul>
<p>3. Participant's description of the quality of the supervision relationship and the quality of the relationship with group members prior to the LGB non-affirming experience reported.</p> <p><i>Participant Assessment: Perceived Quality of Relationships with Supervisor and/or Relevant Group Members Prior to Reported LGB Non-Affirming Event</i></p>	<p>Positive perception of quality of relationship with supervisor</p> <ul style="list-style-type: none"> <li>Good</li> <li>Fine</li> </ul> <p>Positive perception of quality of relationship with group members</p> <ul style="list-style-type: none"> <li>Good</li> <li>Fine</li> </ul> <p>Neutral or not yet formed perception of quality of relationship with supervisor</p> <ul style="list-style-type: none"> <li>Not good or bad</li> <li>Average</li> <li>Supervision relationship not sufficiently developed to assess</li> <li>No significant exchanges have contributed to a developed sense of these relationship</li> </ul> <p>Neutral or not yet formed perceptions of quality of relationship with group members</p> <ul style="list-style-type: none"> <li>Average</li> <li>Group supervision relationships not sufficiently developed to assess</li> <li>No significant exchanges have contributed to a developed sense of these relationships</li> </ul> <p>Negative perception of quality of relationship with supervisor</p> <ul style="list-style-type: none"> <li>Poor</li> <li>Unsafe</li> <li>Non-collaborative</li> <li>Uncomfortable</li> </ul> <p>Negative perceptions of quality of relationship with group members</p> <ul style="list-style-type: none"> <li>Unsafe</li> <li>Distant</li> </ul>
<p>4. Participant's identification of him or herself as an LGB person with this particular supervisor.</p> <p><i>Participant's Identification / Non-identification as LGB Person with Supervisor Associated with Reported LGB Non-Affirming Event</i></p>	<p>Already out</p> <ul style="list-style-type: none"> <li>By personal choice</li> <li>Decisions about disclosure sometimes could not be considered because participant's LGB identity was already known to others (e.g., program director, other faculty, students, etc.)</li> </ul> <p>Somewhat / Uncertain</p> <ul style="list-style-type: none"> <li>Already out by choice or word of mouth; unsure if supervisor knew</li> </ul> <p>Not Out</p>

Initial Domains*	Core Ideas and Initial Categories
<p>5. Factors defined by participant as contributing to his or her being out or not with this particular supervisor.</p> <p><i>Factors Reported to Contribute to Participant's Identification / Non-identification as LGB Person with Supervisor Associated with Reported LGB Non-Affirming Event</i></p>	<p><b>Event-Specific Factors</b></p> <ul style="list-style-type: none"> <li>Supervisor was perceived to be unsafe, non-collaborative, dismissive, uncomfortable, punitive</li> <li>Supervisee(s) were perceived as biased / prejudiced / non-inclusive</li> <li>Absence of comfort / safety with group members</li> <li>LGB perspective or identity was perceived as irrelevant to supervision focus/case presentation</li> </ul> <p><b>Program-Specific Factors</b></p> <ul style="list-style-type: none"> <li>Participant's belief in the importance of always bringing attention to LGB perspective</li> <li>Group members' perceived level of openness to LGB perspective based on prior occurrences in and outside of supervision</li> <li>Participant was out by choice or word of mouth / supervisor knew</li> <li>Participant was out by choice or word of mouth / unsure if supervisor knew</li> </ul>
<p>6. Participant's identification of the factors that enabled him or her to discuss this non-affirming experience with the supervisor and/or relevant group members – and the factors that influenced anything he or she chose not to disclose.</p> <p><i>Factors that Enabled Discussion with Relevant Participants and that Influenced Focus of Discussion</i></p>	<p><b>Event –Specific Factors that Enabled Discussion:</b></p> <ul style="list-style-type: none"> <li>Expectation of supervisor's role to create opportunity for discussion</li> <li>Desire to express feelings of marginalization</li> <li>Expectation of group's personal and professional conduct</li> </ul> <p><b>Event –Specific Factors that Influenced Choice not to Discuss:</b></p> <ul style="list-style-type: none"> <li>Supervisor was abrasive</li> <li>Supervisor was unwilling to continue discussion</li> <li>Supervisor was dismissive</li> <li>Group felt unsafe</li> <li>Lack of comfort being only LGB voice</li> <li>Fear of supervisor's response</li> </ul> <p><b>Event –Specific Factors that Influenced Focus of Discussion:</b></p> <ul style="list-style-type: none"> <li>Necessary / appropriate to supervision focus</li> <li>Participant's belief that group should be held accountable for perceived unprofessional conduct</li> <li>Participant's feelings of marginalization</li> </ul> <p><b>Program-Specific Factors that Enabled Discussion:</b></p> <ul style="list-style-type: none"> <li>Expectation that program should validate and encourage LGB perspective and identities</li> </ul> <p><b>Program –Specific Factors that Influenced Choice not to Discuss:</b></p> <ul style="list-style-type: none"> <li>Supervisor is always abrasive with respect to LGB issues</li> <li>Supervisor is characteristically unwilling to continue discussions regarding LGB issues</li> <li>Supervisor is dismissive to LGB clients and students</li> <li>Group always feels unsafe with respect to LGB issues</li> <li>Lack of comfort being only LGB voice</li> <li>Fear of supervisor's response given experiences thus far</li> <li>Supervision climate always perceived as not valuing LGB perspective</li> </ul> <p><b>Program-Specific Factors that Influenced Focus of Discussion:</b></p> <ul style="list-style-type: none"> <li>Participant's feelings of marginalization within overall program environment</li> </ul>

Initial Domains*	Core Ideas and Initial Categories
<p>7. If the participant was unable to discuss the experience with the supervisor and/or relevant group members, was a decision made to discuss the experience with someone else.</p> <p><i>Decision to Discuss Reported LGB Non-Affirming Event with Someone Outside of Supervision</i></p>	<p>Decision made to discuss with someone else</p> <p><b>Event-Specific Reason</b></p> <ul style="list-style-type: none"> <li>▪ Colleague / supervisee within supervision group</li> <li>▪ Friend / student within program</li> <li>▪ Friend outside of program</li> <li>▪ Advisor outside of supervision</li> <li>▪ Administrator outside of supervision</li> </ul> <p><b>Program-Specific Reason</b></p> <ul style="list-style-type: none"> <li>▪ Colleague / supervisee within supervision group</li> <li>▪ Friend / student within program</li> <li>▪ Friend outside of program</li> <li>▪ Advisor outside of supervision</li> <li>▪ Administrator outside of supervision</li> </ul> <p>Decision made not to discuss with someone else</p> <p><b>Event-Specific Reason</b></p> <ul style="list-style-type: none"> <li>▪ Felt no need to address the event with someone else</li> </ul> <p><b>Program-Specific Reason</b></p> <ul style="list-style-type: none"> <li>▪ Felt discussion with someone else would be useless</li> <li>▪ Felt discussion with someone else would have negative consequences for him/her</li> <li>▪ Felt powerless</li> </ul>
<p>8. Participant's assessment or what the supervisor could have done to facilitate a discussion of the non-affirming experience.</p> <p><i>Participant Worldview: Participant's Definition of LGB Non-Affirmative Supervision</i></p>	<ul style="list-style-type: none"> <li>▪ Explored event with participant during supervision from a collaborative posture</li> <li>▪ Acknowledged impact of supervisor's own worldview on participant</li> <li>▪ Acknowledged the emotional effect of event/experience on participant</li> <li>▪ Created space for participant and/or group to discuss the impact of personal worldview and bias on supervisory relationship</li> <li>▪ Created space for participant and/or group to discuss the impact of personal worldview and bias on therapeutic relationship</li> </ul>
<b>Phase 6: Assessment of Effects - Reported LGB Non-Affirmative Supervision Event / Experience</b>	
<p>1. Participant's assessment of the ways in which the non-affirming experience affected his or her perception of supervisor and/or group members.</p> <p><i>Participant Assessment: Effects of Reported LGB Affirming Event on Perceptions of Supervisor and/or Group Members</i></p>	<p>Confirmed / validated participant's prior perception of supervisor as</p> <ul style="list-style-type: none"> <li>▪ Biased, narrow-minded, dismissive (i.e., non-affirming)</li> <li>▪ Unapproachable</li> <li>▪ Unaware of challenges faced by LGB population</li> </ul> <p>Confirmed / validated participant's prior perception of group members as</p> <ul style="list-style-type: none"> <li>▪ Biased, narrow-minded, dismissive (i.e., non-affirming)</li> <li>▪ Ignorant</li> <li>▪ Unaware of challenged faced by LGB population</li> </ul> <p>Reinforced participant's prior perception of supervisor - now seen as</p> <ul style="list-style-type: none"> <li>▪ More non-affirming</li> <li>▪ More unapproachable</li> </ul>

Initial Domains*	Core Ideas and Initial Categories
	<p>Reinforced participant's prior perception of group members - now seen as</p> <ul style="list-style-type: none"> <li>▪ More ignorant</li> <li>▪ More non-affirming</li> </ul> <p>Expanded participant's prior perception of supervisor – now seen as</p> <ul style="list-style-type: none"> <li>▪ Reactive</li> <li>▪ Not trustworthy</li> <li>▪ Exploiting position of authority to silence participant</li> <li>▪ Oppressive</li> </ul> <p>Expanded participant's prior perception of group members – now seen as</p> <ul style="list-style-type: none"> <li>▪ Unprofessional</li> <li>▪ Immature</li> </ul>
<p>2. Participant's assessment of the ways in which the non-affirming experience affected his or her relationships with the supervisor and/or relevant group members while supervision was still taking place.</p> <p><i>Participant Assessment: Effects of Reported LGB Non-Affirming Event on Perceived Quality of Relationships with Supervisor and/or Group Members</i></p>	<p>Confirmed / validated perceived quality of relationship with supervisor</p> <ul style="list-style-type: none"> <li>▪ Unsafe</li> <li>▪ Unsupportive</li> <li>▪ Directive</li> <li>▪ Not collaborative</li> </ul> <p>Confirmed / validated perceived quality of relationship with group members</p> <ul style="list-style-type: none"> <li>▪ Unsafe</li> <li>▪ Unsupportive</li> <li>▪ Non-collegial</li> <li>▪ Distant</li> </ul> <p>Shifted /expanded perceived quality of relationship with supervisor</p> <ul style="list-style-type: none"> <li>▪ Relationship became unsafe</li> <li>▪ Participant did not actively engage in supervision/withdrew from supervisory relationship</li> <li>▪ Participant disregarded supervisor's clinical case recommendations (particularly LGB related)</li> <li>▪ Participant became more reticent to share certain cases in supervision</li> </ul> <p>Shifted /expanded perceived quality of relationship with group</p> <ul style="list-style-type: none"> <li>▪ Group relationship became unsafe</li> </ul>
<p>3. Participant's assessment of the ways in which the non-affirming experience affected his or her relationships with the supervisor and/or relevant group members after supervision ended.</p> <p><i>Participant Assessment: Effects of Reported LGB Non-Affirming Event on Perceived Quality of Relationships with Supervisor and/or Group Members</i></p>	<p>Confirmed / validated perceived quality of relationship with supervisor</p> <ul style="list-style-type: none"> <li>▪ Sustained relational characteristics (i.e., unsafe, unsupportive, directive, and not collaborative)</li> </ul> <p>Shifted perceived quality of relationship with supervisor</p> <ul style="list-style-type: none"> <li>▪ Participant would not seek out supervisor for future consultation</li> </ul> <p>Shifted perceived quality of relationship with group</p> <ul style="list-style-type: none"> <li>▪ Participant would not choose to collaborate with group members in future</li> </ul>



Initial Domains*	Core Ideas and Initial Categories
<p>4. Participant's assessment of the ways in which the non-affirming experience affected his or her work with clients.</p> <p><i>Participant Self-Appraisal: Influence of Reported LGB Non-Affirming Event on Participant's Development as Therapist</i></p>	<p>None</p> <p>Not sure</p> <p>Positive</p> <ul style="list-style-type: none"> <li>Enhanced participant's perspective on self-disclosure with clients</li> <li>Enhanced participant's awareness of differences in client's worldviews</li> <li>Enhanced participant's perspective on self-reflection in the therapeutic relationship</li> </ul>
<p>5. Participant's assessment of the ways in which the non-affirming experience and/or any discussions about the experience with the relevant supervisor or group members affected him or her personally and/or professionally.</p> <p><i>Participant Self-Appraisal: Personal / Professional Effects of Reported LGB Non-Affirming Event and/or Further Discussions about Event</i></p>	<p>Negative</p> <ul style="list-style-type: none"> <li>Participant experienced negative emotions (anger, sadness, frustration, fear, hurt).</li> <li>Participant became less trustful and withdrew during supervision.</li> <li>Participant experienced concern about being evaluated by supervisor.</li> <li>Participant questioned entering the profession due to profession's perceived lack of acceptance/knowledge of LGB issues.</li> </ul> <p>Positive</p> <ul style="list-style-type: none"> <li>Enhanced participant's desire to be an agent of change in the profession</li> </ul>
<p>6. Participant thoughts about the ways in which other aspects of his or her identity interact with LGB identity during event.</p> <p><i>Contextual Factors: How other Aspects of Cultural Identity Intersected with LGB Identity During Reported LGB Non-Affirming Event</i></p>	<p>Not sure</p> <p>Gender</p> <ul style="list-style-type: none"> <li>Supervisor/participant gender match</li> </ul> <p>Age</p> <ul style="list-style-type: none"> <li>Supervisor/ participant age difference</li> <li>Age differences among supervisees and others</li> </ul> <p>Geography</p> <ul style="list-style-type: none"> <li>Supervisor and participant from different socio-political areas</li> </ul>
<b>Phase 7: Description of Context – Reported LGB Non-Affirmative Supervision Event / Experience</b>	
<p>1. Participant description: Contextual factors associated with the event.</p> <p><i>Contextual Factors Specific to Reported LGB Non-Affirming Supervision Event</i></p>	<p>Supervision structure</p> <ul style="list-style-type: none"> <li>Individual</li> <li>Group <ul style="list-style-type: none"> <li>Number of participants</li> <li>Information about participants (gender, age, ethnicity, sexual orientation, length of time known, other contexts worked with)</li> </ul> </li> <li>Weekly</li> </ul>

Initial Domains*	Core Ideas and Initial Categories
	<p>Supervision focus</p> <ul style="list-style-type: none"> <li>Case specific</li> <li>Theory driven</li> <li>Self of the therapist</li> </ul> <p>Supervision location</p> <ul style="list-style-type: none"> <li>On-campus/University setting</li> <li>Off-campus/Off-site practicum or internship</li> <li>Both</li> </ul> <p>Formal Venue/Informal Venue</p> <ul style="list-style-type: none"> <li>Administrative (e.g., grievance / practicum)</li> <li>Student cohort discussion</li> </ul> <p>Supervision phase</p> <ul style="list-style-type: none"> <li>Early in clinical training</li> <li>Midway through clinical training</li> <li>End of clinical training</li> </ul> <p>Participant's Prior Work with Supervisor</p> <ul style="list-style-type: none"> <li>Experience with supervisor in didactic classes only</li> <li>No prior experience working with supervisor</li> <li>Established supervisory relationship</li> <li>New supervisory relationship</li> </ul> <p>Personal Characteristics of Supervisor</p> <ul style="list-style-type: none"> <li>Age – 30s-60s, Unknown</li> <li>Gender – Male, Female</li> <li>Race – White, Hispanic/Latino</li> <li>Ethnicity – European/American, Hispanic/Latino</li> <li>Sexual orientation – Straight, Gay, Unknown</li> <li>Religious affiliation – Christian, Jewish, Unknown</li> <li>Identified as LGB ally</li> </ul> <p>Professional Characteristics/Role of Supervisor</p> <ul style="list-style-type: none"> <li>Unknown</li> <li>Tenured faculty</li> <li>Untenured, tenure track faculty</li> <li>Adjunct faculty</li> <li>Off-site supervisor</li> <li>Professional licensure (e.g., LMFT, LPC, etc).</li> <li>Administrator (e.g., Program Director)</li> </ul>
<b>Follow-Up Interview</b> <b>Phase 1: Additional Details - Reported LGB Affirmative Supervision Event / Experience</b>	
1. Participant's recollection of additional details about shared LGB affirmative supervision event / experience two weeks after first interview.	<p>No Additional Details</p> <p>Additional Details</p> <ul style="list-style-type: none"> <li>Participant re-confirmed affirmative environment created by supervisor</li> <li>Participant re-confirmed affirmative environment created by group members</li> </ul>

Initial Domains*	Core Ideas and Initial Categories
<i>Additional Details About Reported LGB Affirmative Supervision Event / Experience</i>	
<b>Phase 2: Additional Details - Reported LGB Non-Affirmative Supervision Event / Experience</b>	
1. Participant's recollection of additional details about shared LGB non-affirmative supervision event / experience two weeks after first interview.	<p>No Additional Details</p> <p>Additional Details</p> <ul style="list-style-type: none"> <li>Participant clarified location of event (i.e., off-site location)</li> <li>Participant re-iterated the negative impact of the experience/event</li> </ul>
<i>Additional Details About Reported LGB Non-Affirmative Supervision Event / Experience</i>	
<b>Phase 3: Additional Reactions - Reported Supervision Events / Experiences and First Interview</b>	
1. Participant's additional reactions/thoughts/feelings/experiences about shared events two weeks after first interview.	<p>No Additional Details</p> <p>Additional Details</p> <ul style="list-style-type: none"> <li>Participant noticed more affirming incidents in supervision post interview</li> <li>Participant felt enhanced sense of admiration for training program post interview</li> <li>Participant felt increased sadness about profession based on re-telling non-affirming event</li> </ul>
<i>Additional Reactions to Reported Supervision Events / Experiences and First Interview</i>	
1. Participant's additional thoughts about supervision, study, and interview process two weeks after first interview.	<p>No Additional Details</p> <p>Additional Details - Interview Process or Structure</p> <ul style="list-style-type: none"> <li>Interview length was long</li> <li>Some questions were repetitive/redundant</li> <li>Appreciated opportunity to be heard</li> <li>Hoped that results get disseminated to professional community</li> <li>Interview was streamlined and straightforward</li> </ul>
<i>Additional Reactions to Reported Supervision Events / Experiences and First Interview</i>	

\* Possible refinements made to initial domains are italicized.

Table 3

*Final Domains, Categories, Sub-categories, and Frequencies*

Domain 1: Program Environment				
Categories	Sub-categories	Frequency		
		Both	Affirming	Non-Affirming
1. Description of the ways in which LGB issues are addressed in participant's program environment.	Not addressed in supervision	Variant		
	Addressed in individual and/or group supervision:	General		
	Case specific - LGB clients			
	▪ Case management	Typical		
	▪ Self-of-the-therapist	Rare		
	Not addressed outside of supervision	Variant		
	Addressed outside of supervision: Formal venues	Variant		
	Degrees of integration			
	▪ None	Variant		
	▪ Coursework (One Specialty Course)	Variant		
	▪ Coursework (Integrative Approach)	Rare		
	▪ Clinical Work	Rare		
2. Self-disclosure of sexual orientation	▪ Administrative Procedures	Rare		
	Addressed outside of supervision: Informal venues	Rare		
	▪ Student cohorts/peer exchanges	Rare		
3. Factors contributing to self-disclosure of sexual orientation	▪ Always out	Typical		
	▪ Sometimes out /Uncertain	Variant		
	▪ Never out	Rare		
	▪ Presence of/ lack of collaborative and safe dialogue regarding LGB issues	Typical		
	▪ Participant's belief in importance of brining attention to LGB perspective	Variant		
	▪ Participant's comfort/discomfort with disclosure of sexual orientation	Typical		
	▪ Applicability/relevance to training focus	Rare		
	▪ Supervisor's/instructor's level of perceived knowledge, awareness, and skill related to LGB community	Variant		

- Group members' level of perceived openness to learning about diverse perspectives, particularly LGB Variant
- Group members' level of perceived awareness of own biases/assumptions Variant

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**Domain 2: Definitions and Operationalization of LGB Affirmative and LGB Non-Affirmative Supervision**


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Categories	Sub-categories	Frequency		
		Both	Affirming	Non-Affirming
1. Definition of LGB affirmative supervision	Characteristics of supervision process			
	▪ Absence of heteronormative and pathological assumptions related to LGB population	General		
	▪ Absence of direct or veiled discrimination of LGB clients or supervisees	Typical		
	▪ Respect for / acceptance of / openness to learning from different perspectives	Typical		
	▪ Presence of collaborative and safe dialogue about biases, assumptions, and knowledge related to LGB topics among group members and supervisor	General		
	Characteristics of supervisor			
	▪ Addresses heteronormative assumptions, bias, and discrimination with self and group	General		
	▪ Educates about LGB population	Variant		
	▪ Creates opportunities for collaborative dialogue with participant and/or group regarding LGB issues	Typical		
	▪ Acknowledges limitations of LGB knowledge	Rare		
2. Definition of LGB non-affirmative supervision	Characteristics of supervision process			
	▪ Presence of recognized / unrecognized heteronormative and pathological assumptions related to LGB population	General		
	▪ Presence of direct or veiled discrimination of LGB clients or supervisees	Typical		
	▪ Lack of respect for / acceptance of / openness to learning from different perspectives	Variant		
	▪ Lack of collaborative and safe dialogue about biases, assumptions, and knowledge related to LGB topics among group members and supervisor	General		

	Characteristics of supervisor			
	▪ Does not address heteronormative assumptions, bias, and discrimination with self and group	General		
	▪ Does not educate about LGB population	Variant		
	▪ Does not create opportunities for collaborative and safe dialogue with participant and/or group regarding LGB issues	Typical		
	▪ Does not acknowledge limitations of LGB knowledge	Rare		
3. Operationalization of LGB Affirmative supervision definition	Degree of Congruence			
	▪ Congruent	General		
	▪ Non-congruent	Rare		
<b>Domain 3: Reported LGB Affirmative and LGB Non-Affirmative Events/Experiences</b>				
Categories	Sub-categories	Frequency		
		Both	Affirming	Non-Affirming
1. Reports	▪ No LGB affirmative event reported	Rare		
	▪ LGB affirmative event reported	Typical		
	▪ LGB affirmative event reported as representative of all supervision experiences	Rare		
	▪ No LGB non-affirmative event reported	Rare		
	▪ LGB non-affirmative event reported	Typical		
	▪ LGB non-affirmative event reported as representative of all supervision experiences	Rare		
2. Context of experiences / events	Supervision structure			
	▪ Individual		Variant	Variant
	▪ Group		Typical	Variant
	▪ Weekly		General	General
	Supervision phase			
	▪ Early in clinical training		Rare	Variant
	▪ Midway through clinical training		Typical	Variant
	▪ End of clinical training		Rare	Rare
	▪ Not reported		Rare	Rare

Supervision focus		
▪ Case specific	Typical	Typical
▪ Theory driven	Variant	Variant
▪ Self of the therapist	Rare	Rare
▪ Administrative		Rare
Supervision location		
▪ On-campus/University setting	Typical	Variant
▪ Off-campus/Off-site practicum or internship	Rare	Variant
▪ Both		Rare
Participant's prior work with supervisor		
▪ Experience with supervisor in didactic classes only	Rare	Rare
▪ No prior experience working with supervisor	Rare	Rare
▪ Established supervisory relationship	Variant	Variant
▪ New supervisory relationship	Rare	Rare
Personal characteristics of supervisor known to participant		
▪ Knew nothing about supervisor	Rare	Rare
▪ Knew 1-3 characteristics of supervisor	Variant	Typical
▪ Knew over 4 characteristics of supervisor	Variant	Rare
Professional characteristics of supervisor known to participant		
▪ Knew nothing about supervisor	Rare	Variant
▪ Knew 1-3 characteristics of supervisor	Variant	Variant
▪ Knew over 4 characteristics of supervisor	Variant	Rare
Intersectionality of other aspects of identity that influenced event / experience		
▪ Not sure	Typical	Variant
▪ Gender	Rare	Variant
▪ Age		Rare
▪ Geography		Rare

3. Description of experiences / events	LGB Affirmative Supervision Event	
	Identified characteristics of affirming supervisor *	General
	▪ Known to contribute to maintaining fair / equitable / accessible learning environments for LGB students	Rare
	▪ Known to establish safe / inclusive / affirming / professional supervisory experiences with respect to LGB population	Typical
	▪ Demonstrated importance of understanding / respecting / addressing one's scope of awareness / knowledge / skills specific to LGB population	Variant
	▪ Provided opportunities for all participants to expand awareness / knowledge / skills specific to LGB population	Variant
	▪ Contributed to maintaining fair / equitable / accessible supervisory environment for LGB students	Variant
	Identified characteristics of affirming individual supervision *	General
	▪ Supervisor known to establish safe / inclusive / affirming / professional supervisory experiences with respect to LGB population	Rare
	▪ Engaged in safe / inclusive / affirming / professional supervisory experience with respect to LGB population	Typical
	▪ Displayed respect for / interest in one another's worldviews, acknowledged resources within and parameters of worldviews, and recognized collaborative learning potential of relationship specific to LGB population	Variant
	▪ Engaged in opportunities to expand awareness / knowledge / skills specific to LGB population	Variant
	▪ Contributed to maintaining a fair / equitable / accessible supervision environment for LGB supervisee	Variant
	Identified characteristics of affirming group supervision *	General
	▪ Supervisor known to co-construct safe / inclusive / affirming supervisory environments with respect to LGB population	Rare



- |                                                                                                                                                                                            |         |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|
| ▪ Displayed respect for / interest in members' worldviews                                                                                                                                  | Variant |
| ▪ Invited members to acknowledge resources within and parameters of their worldviews, and to recognize and experience collaborative learning potential of group specific to LGB population | Rare    |
| ▪ Engaged in opportunities to expand awareness / knowledge / skills specific to LGB population                                                                                             | Variant |
| ▪ Contributed to maintaining a fair / equitable / accessible supervision environment for LGB students                                                                                      | Variant |

#### **LGB Non-affirmative Supervision Event**

- |                                                                                                                                                                                                                                              |         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|
| Identified characteristics of non-affirming supervisor *                                                                                                                                                                                     | General |
| ▪ Known to participate in / remain absent or neutral in response to supervision practices that contribute to unfair / inequitable / non-inclusive, disconfirming / discriminatory / irrelevant supervisory environments for LGB students     | Rare    |
| ▪ Did not establish safe / inclusive / affirming / professional supervisory experience with respect to LGB population                                                                                                                        | Typical |
| ▪ Did not demonstrate importance of addressing one's scope of awareness / knowledge / skills specific to LGB population                                                                                                                      | Variant |
| ▪ Did not provide opportunities to expand awareness / knowledge / skills specific to LGB population                                                                                                                                          | Variant |
| ▪ Participated in / remained neutral in response to experiences occurring during event that contributed to making it an unfair / inequitable, non-inclusive / discriminatory / irrelevant supervisory environment specific to LGB population | Variant |
| Identified characteristics of non-affirming individual supervision *                                                                                                                                                                         | General |
| ▪ Supervisor known to establish unfair / inequitable / non-inclusive / disconfirming, discriminatory / irrelevant supervisory practices / exchanges with respect to LGB-specific issues and LGB supervisees                                  | Rare    |

	<ul style="list-style-type: none"> <li>▪ Did not display respect for / interest in one another's worldviews, resources within and parameters of worldviews, and collaborative learning potential that could arise from the supervisory relationship specific to LGB population</li> </ul>	Typical	
	<ul style="list-style-type: none"> <li>▪ Did not engage in opportunities to expand awareness / knowledge / skills specific to LGB population</li> </ul>	Variant	
	<ul style="list-style-type: none"> <li>▪ Contributed to the presence of unintentional bias / misperceptions / discrimination / overt and intentional bias / discrimination within supervision</li> </ul>	Variant	
	Identified characteristics of non-affirming group supervision *	General	
	<ul style="list-style-type: none"> <li>▪ Supervisor known to co-construct unfair / inequitable / non-inclusive / disconfirming / discriminatory / irrelevant supervisory practices / exchanges with respect to LGB-specific issues and LGB supervisees</li> </ul>	Rare	
	<ul style="list-style-type: none"> <li>▪ Did not display respect for / interest in members' worldviews, resources within and parameters of worldviews, and collaborative learning potential that could arise from group specific to LGB population</li> </ul>	Variant	
	<ul style="list-style-type: none"> <li>▪ Did not engage in opportunities to expand awareness / knowledge / skills specific to LGB population</li> </ul>	Variant	
	<ul style="list-style-type: none"> <li>▪ Contributed to the presence of unintentional bias / misperceptions / discrimination / overt and intentional bias and discrimination within supervision</li> </ul>	Variant	
4. Self-disclosure of sexual orientation with particular supervisor	<ul style="list-style-type: none"> <li>▪ Already out</li> <li>▪ Not out</li> <li>▪ Somewhat/Uncertain</li> </ul>	Typical Rare Rare	Typical Rare Rare
5. Event specific factors associated disclosure of sexual orientation with particular supervisor	<ul style="list-style-type: none"> <li>▪ Supervisor's manner of inquiry, request for and validation of participant's LGB perspective</li> <li>▪ Supervisor's perceived collaborative, comfortable, safe/trusting, respectful, collegial, and / or supportive posture</li> <li>▪ Group's perceived collaborative, comfortable, safe/trusting, respectful, collegial, and / or supportive posture</li> </ul>	Rare Rare Rare	

	<ul style="list-style-type: none"> <li>▪ Supervisor's dismissiveness of participant's LGB perspective</li> </ul>		Rare
	<ul style="list-style-type: none"> <li>▪ Supervisor's lack of intervening when colleague made perceived heterosexist assumptions about clients</li> </ul>		Rare
	<ul style="list-style-type: none"> <li>▪ Group's response to case presentation was perceived as biased, oppressive, and heterosexist</li> </ul>		Rare
6. Event specific factors that enabled discussion and influenced focus of discussion with the supervisor and / or relevant group members	Factors that enabled further discussion		
	Supervisor encouraged participant to share his/her LGB perspective	Rare	
	Supervisor created safe, inclusive, and collaborative environment	Rare	
	Supervisees were open, inclusive, and supportive of LGB perspective	Rare	
	Participant expected that it was the supervisor's role to engage in further discussion		Variant
	Participant wanted to express feelings of marginalization to supervisor		Rare
	Participant felt group needed to be held accountable for their lack of professional conduct		Rare
	Factors associated with choice not to discuss		
	<ul style="list-style-type: none"> <li>▪ Supervisor was abrasive, dismissive, and unwilling to engage in further dialogue when participant tried to pursue discussion</li> </ul>		Typical
	<ul style="list-style-type: none"> <li>▪ Participant feared supervisor's response if he/she pursued further discussion</li> </ul>		Variant
	<ul style="list-style-type: none"> <li>▪ Participant was uncomfortable being the lone LGB voice in the group setting</li> </ul>	Rare	Rare
	<ul style="list-style-type: none"> <li>▪ Participant felt that no further discussion was warranted and/or relevant to supervision focus</li> </ul>	Typical	Rare
7. Decision to discuss event/ experience with someone else	Decision to discuss with someone else not reported	Rare	
	Decision made not to discuss with someone else:	General	Variant
	<ul style="list-style-type: none"> <li>▪ Event/experience was common supervision occurrence / did not warrant further discussion</li> </ul>	Variant	
	<ul style="list-style-type: none"> <li>▪ Event/experience included sufficient discussion / did not need further discussion</li> </ul>	Typical	
	<ul style="list-style-type: none"> <li>▪ Felt no need to address the event with someone else</li> </ul>	Variant	Variant

Decision made to discuss with someone else:	Rare	Variant
▪ Colleague / peer in supervision or program		Rare
▪ Colleague / peer outside of program		Rare
▪ Faculty / advisor / in supervision or program	Rare	Rare
▪ Mentor outside of program		Rare

**Domain 4: Effects of Reported LGB Affirming and LGB Non-affirming Supervision Experiences/Events on Perceptions of Others and Perceptions of Relationships with Others**

Categories	Sub-categories	Frequency		
		Both	Affirming	Non-Affirming
1. Effects on perception of supervisor and/or group members	▪ Confirmed / validated prior perception of supervisor		Typical	Typical
	▪ Confirmed / validated prior perception of group members		Variant	Variant
	▪ Reinforced / deepened participants' prior perception of supervisor		Rare	Rare
	▪ Event reinforced / deepened prior perception of group members		Rare	Rare
	▪ Shifted/expanded prior perception of supervisor		Rare	Rare
	▪ Shifted/expanded prior perception of group members		Rare	Rare
2. Effects on quality of relationship with supervisor and/or group	Perceived quality of supervisory relationship prior to experience/event			
	▪ Positive perceptions of quality of relationship with supervisor		Typical	Rare
	▪ Negative perceptions of quality of relationship with supervisor			Typical
	▪ Neutral or not yet formed perceptions of quality of relationship with supervisor		Rare	Rare
	▪ Positive perceptions of quality of relationship with group members		Variant	
	▪ Negative perceptions of quality of relationship with group members			Variant
	▪ Neutral or not yet formed perceptions of quality of relationship with group members		Rare	Rare
	Perceived quality of supervisory relationship while supervision was still taking place			
	▪ Confirmed / validated perceived quality of relationship with supervisor		Typical	Typical

▪ Confirmed / validated perceived quality of relationship with group members	Typical	Typical
▪ Reinforced / deepened / strengthened perceived quality of relationship with supervisor	Variant	
▪ Reinforced / deepened / strengthened perceived quality of relationship with group members	Rare	
▪ Shifted /expanded perceived quality of relationship with supervisor	Rare	Rare
▪ Shifted /expanded perceived quality of relationship with group	Rare	Rare
Perceived quality of supervisory relationship after supervision ended		
▪ Confirmed / validated perceived quality of relationship with supervisor	Typical	Typical
▪ Confirmed / validated perceived quality of relationship with group members	Rare	Rare
▪ Reinforced / deepened / strengthened perceived quality of relationship with supervisor	Variant	
▪ Shifted perceived quality of relationship with supervisor	Rare	Rare
▪ Shifted perceived quality of relationship with group	Rare	Rare

**Domain 5: Personal and Professional Outcomes**

Categories	Sub-categories	Frequency		
		Both	Affirming	Non-Affirming
1. Effects on clinical work	▪ No effect		Rare	Typical
	▪ Not sure			Rare
	▪ Positive effect on participant		Typical	Variant
	▪ Positive effect on group		Variant	
2. Effects on personal and/or professional life	▪ No effect		Rare	Rare
	▪ Not sure		Rare	
	▪ Positive effect		Typical	
	▪ Negative effect			General

Follow-Up Interview				
Domain 1: Additional Details About Reported LGB Affirmative or LGB Non-Affirmative Supervision Event				
Categories	Sub-categories	Frequency		
		Both	Affirming	Non-Affirming
1. Details about reported LGB affirmative and LGB non-affirmative supervision events / experiences.	No Additional Details		Variant	Typical
	Additional Details			
	▪ Participant re-confirmed affirmative environment created by supervisor and/or group members		Rare	
	▪ Participant noticed more affirming incidents in supervision post interview		Rare	
	▪ Participant felt enhanced sense of admiration for training program post interview		Rare	
	▪ Participant clarified location of event (i.e., off-site location)			Rare
	▪ Participant re-iterated the negative impact of the experience/event			Rare
	▪ Participant felt increased sadness about profession based on re-telling non-affirming event			Rare
Domain 2: Additional Reactions to First Interview				
Categories	Sub-categories	Frequency		
		Both	Affirming	Non-Affirming
1. Additional thoughts about supervision, study, and interview process.	No Additional Details	Variant		
	Additional Details - Interview Process or Structure	Variant		
	▪ Interview length was long and questions were redundant	Variant		
	▪ Interview was streamlined and straightforward	Variant		
	▪ Participant appreciated opportunity to be heard	Typical		
	▪ Participant hoped that results get disseminated to professional community	Variant		

\* Bulleted items represent specific factors that when combined, comprise / identify/define the broader characteristic.

Table 4

*Domains, Categories, Sub-categories, and Illustrative Quotes*

<b>Domain 1: Program Environment</b>		
<b>Categories</b>	<b>Sub-categories</b>	<b>Illustrative Quotes</b>
1. Description of the ways in which LGB issues are addressed in participant's program environment.	Not addressed in supervision	"It has not been addressed in supervision."
	Addressed in individual and/or group supervision:	(Illustrative quotes reported below.)
	Case specific - LGB clients	(Illustrative quotes reported below.)
	▪ Case management	"Certainly, they come up around clients, and the treatment that we're giving to our LGB couples and families."
	▪ Self-of-the-therapist	"One supervisor said that is was her job is to help me become clinically sound and within that is not just a conceptual piece but self-of-the-therapist and my growth as a clinician being able to appropriately use myself in the context of therapy."
	Not addressed outside of supervision	"There's no training on LGB issues outside of supervision, how to counsel or be a therapist to LGB or LGBT clients."
	Addressed outside of supervision: Formal venues	(Illustrative quotes reported below.)
	Degrees of integration	(Illustrative quotes reported below.)
	▪ None	"I don't think that I can say with honesty that anything that's been talked to me in supervision or in our classroom has been helpful in terms of LGB – working with clients who are LGB or understanding diversity from an LGB perspective."
	▪ Coursework (One Specialty Course)	"One class that I had was a special talk on LGB issues and MFT, but that was one semester. Outside of that special topics class, there has been no other concrete training on it."
	▪ Coursework (Integrative Approach)	"I think they've [the faculty] been very effective in confronting us, supporting us, and challenging those students who need to have a little more perceptivity and awareness throughout our coursework."

	<ul style="list-style-type: none"> <li>▪ Clinical Work</li> </ul>	"We talked a lot about how I was working as a marriage therapist for heterosexuals toward something that I was denied – marriage throughout my clinical training. It was very much at the forefront from the beginning of my training."
	<ul style="list-style-type: none"> <li>▪ Administrative Procedures</li> </ul>	"Thought about going to my advisor to talk about my general concerns about the program but I didn't feel that was a relationship that I could go in and do that."
	Addressed outside of supervision: Informal venues	(Illustrative quotes reported below.)
	<ul style="list-style-type: none"> <li>▪ Student cohorts/peer exchanges</li> </ul>	<p>"I have a group of colleagues in my cohort who are very willing to address LGB issues as they come up in our graduate training."</p> <p>"Well, it is addressed among other students outside of the supervision group, but it's always so negative and derogatory."</p>
2. Self-disclosure of sexual orientation	<ul style="list-style-type: none"> <li>▪ Always out</li> </ul>	"Yes I'm very out. I don't hide it or anything like that."
	<ul style="list-style-type: none"> <li>▪ Sometimes out /Uncertain</li> </ul>	"I don't make it a habit of talking about it or not talking about it in my program. I haven't lied about it and certainly haven't been secretive or not made it apparent on purpose."
	<ul style="list-style-type: none"> <li>▪ Never out</li> </ul>	"No, I don't talk about my identity in supervision."
3. Factors contributing to self-disclosure of sexual orientation	<ul style="list-style-type: none"> <li>▪ Presence of/ lack of collaborative and safe dialogue regarding LGB issues</li> </ul>	"What determines if I'm out is whether or not the faculty and supervisors are sensitive, encouraging, and supportive of who I am and willing to thoughtfully talk about LGB issues."
	<ul style="list-style-type: none"> <li>▪ Participant's belief in importance of bringing attention to LGB perspective</li> </ul>	"I think it's important to bring my perspective or the LGB perspective to supervision and to marriage and family therapy."
	<ul style="list-style-type: none"> <li>▪ Participant's comfort/discomfort with disclosure of sexual orientation</li> </ul>	"I'm very invested in being true to myself and being honest about who I am. And so I tell anybody who is interested in the truth about my life."
	<ul style="list-style-type: none"> <li>▪ Applicability/relevance to training focus</li> </ul>	"If it does not apply to supervision, I don't talk about it because it's not relevant; if I think it will contribute to helping someone with a case being presented, I will."



- |                                                                                                                                                           |                                                                                                                                                                    |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> <li>▪ Supervisor's/instructor's level of perceived knowledge, awareness, and skill related to LGB community</li> </ul> | <p>"It depends on the supervisor, whether or not I feel safe and comfortable, whether I know that they are an open, aware and knowledgeable about LGB issues."</p> |
| <ul style="list-style-type: none"> <li>▪ Group members' level of perceived openness to learning about diverse perspectives, particularly LGB</li> </ul>   | <p>"I determine whether they are open, welcoming, or are biased and prejudiced when it comes to honoring multiple perspectives."</p>                               |
| <ul style="list-style-type: none"> <li>▪ Group members' level of perceived awareness of own biases/assumptions</li> </ul>                                 | <p>"It totally depends on the group of supervisees. If I feel unsafe or I feel that somebody's a bit prejudiced, biased then I'm just very careful."</p>           |

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**Domain 2: Definitions and Operationalization of LGB Affirmative and LGB Non-Affirmative Supervision**


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Categories	Sub-categories	Illustrative Quotes
1. Definition of LGB affirmative supervision	Characteristics of supervision process	(Illustrative quotes reported below.)
	▪ Absence of heteronormative and pathological assumptions related to LGB population	"When a client identifies as LGB and there are not biases and assumptions made and there's no pathology related to the LGB person or couple."
	▪ Absence of direct or veiled discrimination of LGB clients or supervisees	"It's not tolerating bias or discrimination against LGB people, be it a supervisee or clients that a supervisee is seeing in therapy."
	▪ Respect for / acceptance of / openness to learning from different perspectives	"I think that it's important that every member of society are respected for who they are, regardless of how they live their lives. I feel like an affirmative supervisory experience recognizes that, embraces that, and supports its inclusion in the supervisory process."
	▪ Presence of collaborative and safe dialogue about biases, assumptions, and knowledge related to LGB topics among group members and supervisor	"It's a supervision process where people can feel free to safely talk about sexual orientation, and not feel like it's taboo. It's when people don't make assumptions about whether or not a couple is gay or straight, but if they do, it's talked about among the group."
	Characteristics of supervisor	(Illustrative quotes reported below.)
	▪ Addresses heteronormative assumptions, bias, and discrimination with self and group	"If somebody's displaying a bias about working with a lesbian, gay, or bisexual person or couple, the supervisor addresses it."
	▪ Educates about LGB population	"Making sure that those students who have biases or tend to be unaware about some of the lifestyles different

		from their own are challenged and have to be made aware of what's going on with their LGB clients."
	<ul style="list-style-type: none"> <li>Creates opportunities for collaborative dialogue with participant and/or group regarding LGB issues</li> </ul>	"When the supervisor actively engages in a collaborative conversation - expands and opens the conversation and facilitates comfortable supervisory environment to talk about LGB topics."
	<ul style="list-style-type: none"> <li>Acknowledges limitations of LGB knowledge</li> </ul>	"I think when a supervisor is willing to not be the expert about everything and is willing to acknowledge their lack of knowledge about LGB issues, this creates an affirmative environment."
2. Definition of LGB non-affirmative supervision	Characteristics of supervision process	(Illustrative quotes reported below.)
	<ul style="list-style-type: none"> <li>Presence of recognized / unrecognized heteronormative and pathological assumptions related to LGB population</li> </ul>	"Supervision where there's either ignorance, perpetuation of bias and prejudice, or a deviance based perspective of LGB people."
	<ul style="list-style-type: none"> <li>Presence of direct or veiled discrimination of LGB clients or supervisees</li> </ul>	"If somebody in the group uses discriminatory language or is biased against an LGB supervisee or client."
	<ul style="list-style-type: none"> <li>Lack of respect for / acceptance of / openness to learning from different perspectives</li> </ul>	"Non-affirmative supervision would be when supervisors or group members marginalize supervisees or clients by either not valuing or respecting their LGB identity or perspective."
	<ul style="list-style-type: none"> <li>Lack of collaborative and safe dialogue about biases, assumptions, and knowledge related to LGB topics among group members and supervisor</li> </ul>	"I feel like, what's non-affirming is when biases and assumptions about the LGB community are hidden and can't be discussed."
	Characteristics of supervisor	(Illustrative quotes reported below.)
	<ul style="list-style-type: none"> <li>Does not address heteronormative assumptions, bias, and discrimination with self and group</li> </ul>	"If a fellow supervisee makes a derogatory comment about me or about gays in general, or about somebody's client who happens to be LGB, and the supervisor doesn't do anything about it."
	<ul style="list-style-type: none"> <li>Does not educate about LGB population</li> </ul>	"Non-affirmative would be not taking into consideration and educating the group about the unique struggles of LGB population and how would that impacts therapy."
	<ul style="list-style-type: none"> <li>Does not creates opportunities for collaborative and safe dialogue with participant and/or group regarding LGB issues</li> </ul>	"When the supervisor does not actively engage in conversation and is unwilling to expand and open the conversation about LGB identity and issues."

	<ul style="list-style-type: none"> <li>▪ Does not acknowledge limitations of LGB knowledge</li> </ul>	"When the supervisor isn't willing to be transparent about their lack of awareness and knowledge about the experience of LGB people."
3. Operationalization of LGB Affirmative supervision definition	Degree of Congruence	(Illustrative quotes reported below.)
	<ul style="list-style-type: none"> <li>▪ Congruent</li> </ul>	<p><u>Definition LGB Non-Affirmative Supervision:</u> "It's when the supervisor does not create an environment where I can feel safely talk about my perspective with them in a collaborative and respectful way and how it informs the care I give to my clients. It's when the supervisor doesn't take the time to ask my thoughts, but instead makes assumptions based on his own perspective."</p> <p><u>LGB Non-Affirmative Event:</u> [Context: Presentation of approach to case – creating a safe space – for son to talk with mother about sexual orientation]. "The supervisor immediately jumping to conclusions that because I am gay that I projected on to them, rather than the fact that because I'm gay, I have a particular perspective that I think would be helpful to this family and that creating that safe space to dialogue and hear each other about it was important . . . this is a big deal and with the rate of suicides occurring among young gay teens, I wasn't willing to just let the mother roll all over him. Eventually, she softened, but I really thought that I was going in the right direction, and when my supervisor cut my knees off out from underneath me and wouldn't even engage in hearing exactly why I was doing what I was doing was very non-affirming to me. I felt completely marginalized. He was really biased and close-minded and wasn't even willing to see outside of his perspective."</p>
	<ul style="list-style-type: none"> <li>▪ Non-congruent</li> </ul>	<p><u>Definition of LGB Affirmative Supervision:</u> "It's about creating a space where we can have discussions about our LGB clients in a way that recognizes their marginalized status."</p> <p><u>LGB Affirmative Event:</u> "The only thing that's been affirming is the absence of any discrimination. Supervisors don't deal with it badly; they just don't deal with it at all. "</p>

**Domain 3: Reported LGB Affirmative and LGB Non-Affirmative Events/Experiences**

Categories	Sub-categories	Illustrative Quotes
1. Reports	<ul style="list-style-type: none"> <li>▪ No LGB affirmative event reported</li> </ul>	"I cannot think of one affirming experience in individual, group, on-campus, or practicum supervision. I'm at a point where I am considering transferring."
	<ul style="list-style-type: none"> <li>▪ LGB affirmative event reported</li> </ul>	"Yes, I have a couple affirming events, but I'd like to talk about one that was particularly affirming."

	<ul style="list-style-type: none"> <li>▪ LGB affirmative event reported as representative of all supervision experiences</li> </ul>	"All of my supervision experiences have been affirming. The program is so open-minded and welcoming and inclusive as are the off-site practicum locations."
	<ul style="list-style-type: none"> <li>▪ No LGB non-affirmative event reported</li> </ul>	"I just haven't had any non-affirming experiences of supervision in the program or even at my off-site location."
	<ul style="list-style-type: none"> <li>▪ LGB non-affirmative event reported</li> </ul>	"There are just so many of these to actually consider. I really have to give myself a moment to think of which one I want to tell you about."
	<ul style="list-style-type: none"> <li>▪ LGB non-affirmative event reported as representative of all supervision experiences</li> </ul>	"There are just so many of these to consider, that I simply cannot just pick one. Most of my supervision experiences have been non-affirming."
2. Context of experiences / events	Supervision structure	(Illustrative quotes reported below.)
	<ul style="list-style-type: none"> <li>▪ Individual - weekly</li> </ul>	"I was presenting a case in weekly individual supervision with my faculty supervisor."
	<ul style="list-style-type: none"> <li>▪ Group - weekly</li> </ul>	"It was weekly supervision in the group environment with a faculty supervisor."
	Supervision phase	(Illustrative quotes reported below.)
	<ul style="list-style-type: none"> <li>▪ Early in clinical training</li> </ul>	"It was my second semester there. So it was my first semester of casework."
	<ul style="list-style-type: none"> <li>▪ Midway through clinical training</li> </ul>	"I have had her for supervision last semester and this semester we're about halfway through at this point, not quite – so I have probably had her for about 20 or so supervision sessions."
	<ul style="list-style-type: none"> <li>▪ End of clinical training</li> </ul>	"I had worked with this particular supervisor for gosh, we worked together 3-semesters and that she actually had to, she went on maternity leave so I had to switch supervisors. This was near the end of my clinical training."
	<ul style="list-style-type: none"> <li>▪ Not reported</li> </ul>	Absence of quotes.
	Supervision focus	(Illustrative quotes reported below.)
	<ul style="list-style-type: none"> <li>▪ Case specific / Theory Driven</li> </ul>	"The focus was I think I mentioned this before too it was really about my cases and helping me developed my clinical skills from a conceptual perspective."
	<ul style="list-style-type: none"> <li>▪ Self of the therapist</li> </ul>	"It was truly about the self-of-the-therapist and how what I bring to the room impacts clients."
	<ul style="list-style-type: none"> <li>▪ Administrative</li> </ul>	"That's when things got worse and worse and worse is when I asked for a faculty meeting about it"

Supervision location	(Illustrative quotes reported below.)
<ul style="list-style-type: none"> <li>▪ On-campus/University setting</li> </ul>	"So it obviously took place on campus since it was my faculty supervisor."
<ul style="list-style-type: none"> <li>▪ Off-campus/Off-site practicum or internship</li> </ul>	"It was off site location we had supervision once a week, it was always individual supervision because it was a very small agency."
<ul style="list-style-type: none"> <li>▪ Both</li> </ul>	"This was on my site where and my site is an inner city site. But he doesn't provide supervision for me on my site. I get supervision from the faculty at the university. So, it kind of happened at both locations."
Participant's prior work with supervisor	(Illustrative quotes reported below.)
<ul style="list-style-type: none"> <li>▪ Experience with supervisor in didactic classes only</li> </ul>	"She has also taught a couple of the courses that I have been in so I have been exposed to her over a period of time."
<ul style="list-style-type: none"> <li>▪ No prior experience working with supervisor</li> </ul>	"I had actually never had any exposure to him during my program."
<ul style="list-style-type: none"> <li>▪ Established supervisory relationship</li> </ul>	"So I'd known the supervisor for longer, probably for a year and a half or so, and had her in supervision already."
<ul style="list-style-type: none"> <li>▪ New supervisory relationship</li> </ul>	"It was a new supervisor, and he just came on to the agency."
Personal characteristics of supervisor known to participant	(Illustrative quotes reported below.)
<ul style="list-style-type: none"> <li>▪ Knew nothing about supervisor</li> </ul>	"I really can't tell you anything about her personally because she is so tight-lipped and rigid."
<ul style="list-style-type: none"> <li>▪ Knew 1-3 characteristics of supervisor</li> </ul>	"I would say young maybe 32, 34. I don't know her exact age and she has also shared information about her own relationship. She is a young married person with a little child."
<ul style="list-style-type: none"> <li>▪ Knew over 4 characteristics of supervisor</li> </ul>	"He's probably about 15 years older than I am and he has confided and shared with me that he is in a committed relationship with a man and they have been together almost 30 years. He's also shared some of his struggles with coming out over the years."

Professional characteristics of supervisor known to participant		(Illustrative quotes reported below.)
▪ Knew nothing about supervisor		"You know, I don't even know how long he'd been with the university or really what his professional background was."
▪ Knew 1-3 characteristics of supervisor		"A licensed MFT, obviously, but also had some other mental health background, maybe social work first, but I honestly, I try to put him out of my mind. He had been a supervisor for quite some time, I believe, and was an adjunct — or is an adjunct for the program for a number of years."
▪ Knew over 4 characteristics of supervisor		"She's a tenured associate professor and has been with our program for over 15 years. She serves on quite a few committees at our school, and is well respected by people outside our department."
Intersectionality of other aspects of identity that influenced event / experience		(Illustrative quotes are below.)
▪ Not sure		"Hmmm, I'm not really sure how other things came into play during the event."
▪ Gender		"I guess because I'm female and I had a female supervisor, there was a comfort level there. Age wise she was a little bit older than I am, so maybe that made it more comfortable and allowed the discussion to occur."
▪ Age		
▪ Geography		"I think the fact that I grew up in a different part of the country where things are somewhat different from a political perspective definitely came into play."
<b>3. Description of experiences / events</b>		
<b>LGB Affirmative Supervision Event</b>		
Identified characteristics of affirming supervisor *		(Illustrative quotes are below.)
▪ Known to contribute to maintaining fair / equitable / accessible learning environments for LGB students		"Even more importantly, I found out that he had taken responsibility for talking to some of the people involved and I really felt like he put himself out there for me. And I guess that's the most affirming, specific experience I can think about."
▪ Known to establish safe / inclusive / affirming / professional supervisory experiences with respect to LGB population		"Well, it definitely starts with the supervisor who sets a tone for how students are to respond and what the environment is supposed to be like."

<ul style="list-style-type: none"> <li>▪ Demonstrated importance of understanding / respecting / addressing one's scope of awareness / knowledge / skills specific to LGB population</li> </ul>	<p>"She simply asked what the composition of the couple was and did not make the assumption that it was a gay couple or a straight couple. And it seems like a small incident but really I did appreciate it. No assumptions were made. And she could've because I said partner and it was coming from me and I'm a lesbian."</p>
<ul style="list-style-type: none"> <li>▪ Provided opportunities for all participants to expand awareness / knowledge / skills specific to LGB population</li> </ul>	<p>"The student didn't really know how to deal with internalized homophobia and the supervisor encouraged those of us with experience to share this in the group."</p>
<ul style="list-style-type: none"> <li>▪ Contributed to maintaining fair / equitable / accessible supervisory environment for LGB students</li> </ul>	<p>"When I went to him, he dropped everything to meet with me. He was in his office working. He closed the door. He let it be known to me that I was – what I had to say and what was upsetting to me – was extremely important to him. He listened carefully to everything I had to say. I felt like in some respects, I didn't even have to go into all the details, he just completely got it and was so helpful to me in making sure that I was able to think through this, not take it personally, gave me really good advice. I found out that he went and spoke with this other faculty member after I had left his office. And apparently he had told her that he thought that what she had said to me was completely off base and he was personally offended and would not tolerate students being treated in this way."</p>
Identified characteristics of affirming individual supervision *	(Illustrative quotes are below.)
<ul style="list-style-type: none"> <li>▪ Supervisor known to establish safe / inclusive / affirming / professional supervisory experiences with respect to LGB population</li> </ul>	<p>"We all knew she was a brilliant supervisor, willing to have a collaborative approach with us, and also provide us with the direction that we need. Balanced in the way she works with all of us. Reflexive and open to different perspectives. Aware of how biases come into play."</p>
<ul style="list-style-type: none"> <li>▪ Engaged in safe / inclusive / affirming / professional supervisory experience with respect to LGB population</li> </ul>	<p>"We were simply able to have a collaborative discussion about some of the challenges my clients were facing. I felt like it was give and take, and felt very safe offering my perspective."</p>
<ul style="list-style-type: none"> <li>▪ Displayed respect for / interest in one another's worldviews, acknowledged resources within and parameters of worldviews, and recognized collaborative learning potential of relationship specific to LGB population</li> </ul>	<p>"It was affirming to me that she would take the time to ask those questions [about a client] and to not get uncomfortable with them and ask my thoughts on it. I felt comfortable enough being with myself with her . . . because she displayed an openness to diversity and marginalized population just the way she spoke about clients, so then I felt comfortable talking with her."</p>

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| <ul style="list-style-type: none"> <li>▪ Engaged in opportunities to expand awareness / knowledge / skills specific to LGB population</li> </ul>          | <p>"He acknowledged that I might have a particular understanding or a particular sensitivity which could be useful [to my clients] which I thought was extremely affirming."</p>                                                                                                                                                                                                                                                                                          |
| <ul style="list-style-type: none"> <li>▪ Contributed to maintaining a fair / equitable / accessible supervision environment for LGB supervisee</li> </ul> | <p>"The most affirming experiences I've had in supervision are with the faculty member who is gay. And he is out. I've met him and his partner in a variety of different settings. I feel very comfortable with him and I know that he has struggled through a great deal at a university and discrimination in his life and also as a professional. So I feel mentored by him and certainly I feel like he's been very supportive of my development as a therapist."</p> |

Identified characteristics of affirming group supervision *	(Illustrative quotes are below.)
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| <ul style="list-style-type: none"> <li>▪ Supervisor known to co-construct safe / inclusive / affirming supervisory environments with respect to LGB population</li> </ul>                                                                    | <p>"There's a welcoming attitude with some supervisors and classmates who are more open to the fact that I'm gay, want and respect my perspective, and know there may be some differences in our lifestyle and our perspectives."</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| <ul style="list-style-type: none"> <li>▪ Displayed respect for / interest in members' worldviews</li> </ul>                                                                                                                                  | <p>"A student was presenting a case [young woman having difficulty exploring her sexuality] and didn't know how to deal with LGB-specific issues, so I shared that I had a very similar experience that I thought might be helpful for the student to know. And the supervisor let me, kind of, be the expert on that and let me describe some of the things that this student should probably think about. The supervisor really encouraged me to share, honored my experience, and was so appreciative that I was willing to share it.</p> <p>The student (and group members) obviously was grateful too. So that was affirming thing to have happen. And this was just one of many examples of the way in which, you know, my program experience has been affirming."</p> |
| <ul style="list-style-type: none"> <li>▪ Invited members to acknowledge resources within and parameters of their worldviews, and to recognize and experience collaborative learning potential of group specific to LGB population</li> </ul> | <p>"I was presenting a heterosexual couple, using gender neutral language (sometimes when people do that I notice that they assume I'm talking about gay / lesbian couples because of the use partner). I don't say husband or wife but this supervisor did not assumed either way. She simply asked about the composition of the couple. It seems like a small incident but really I did appreciate it. No assumptions were made. And she could've because I said partner and it was coming from me and I'm a lesbian. So she</p>                                                                                                                                                                                                                                           |



- very easily could've thought this was a gay / lesbian couple but she didn't do that. I appreciated that awareness, that knowledge, that lack of jumping to assumptions and the general theme within the supervision. I felt affirmed or I felt like people were affirmed so to speak if that makes any sense."
- Engaged in opportunities to expand awareness / knowledge / skills specific to LGB population  
 "It was the encouragement of my supervisor to continue on and describe my experience and her willingness to acknowledge that she didn't have that perspective to share with the student and that I was a valuable asset in this instance because I had this perspective and experience. And group members were also just very curious and asked a lot of great questions. They showed an interest and that made me feel like what I had to say was valuable and important and that my identity as a lesbian was going to be helpful to the student but even more so, helpful to the client in those situations. So I felt supported by the supervisor and the members of the group."
  - Contributed to maintaining a fair / equitable / accessible supervision environment for LGB students  
 "I feel affirmed in supervision with my classmates since they accept who I am, and what my lifestyle is about without my feeling judged. It's a sense of being included and being accepted and not being judged."

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#### LGB Non-affirmative Supervision Event

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- | Identified characteristics of non-affirming supervisor *                                                                                                                                                                                                                                   | (Illustrative quotes are below.)                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
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| <ul style="list-style-type: none"> <li>▪ Known to participate in / remain absent or neutral in response to supervision practices that contribute to unfair / inequitable / non-inclusive, disconfirming / discriminatory / irrelevant supervisory environments for LGB students</li> </ul> | <p>"After talking with some other supervisees, I guess he is known to be somewhat close-minded and clearly has an agenda and a perspective. So, it made sense he had made his mind up and wasn't willing to go further, saying 'The discussion is over. I don't agree with the way you approached it. You've come to supervision for my input, and I don't agree with this, and if you're not going to take my advice, I can't be helpful to you with this particular case.'"</p> |
| <ul style="list-style-type: none"> <li>▪ Did not establish safe / inclusive / affirming / professional supervisory experience with respect to LGB population</li> </ul>                                                                                                                    | <p>[Context: Participant spoke of importance of validating / affirming everyone for who they are, the different worldviews/experiences they bring to supervision] "My supervisor challenged this perspective and was less receptive than I hoped. The main response I got was that it was, sort of like, off topic."</p>                                                                                                                                                          |
| <ul style="list-style-type: none"> <li>▪ Did not demonstrate importance of addressing one's scope of awareness /</li> </ul>                                                                                                                                                                | <p>"What made me so upset was the lack of dialogue, the lack of curiosity about why I thought it was important for [case-illustration] instead immediately jumping to</p>                                                                                                                                                                                                                                                                                                         |

knowledge /skills specific to LGB population	conclusions that because I am gay, I projected onto them, rather than the fact that because I'm gay, I have a particular perspective that I think would be helpful to this family."
<ul style="list-style-type: none"> <li>Did not provide opportunities to expand awareness / knowledge / skills specific to LGB population</li> </ul>	[Context: Colleague framing goal of work with lesbian couple – to help these women not be gay] "Not only was he not using any model that I could identify and he didn't have any therapeutic focus that I could identify . . . He was so blinded by his own bias . . . and the supervisor did nothing to address this."
<ul style="list-style-type: none"> <li>Participated in / remained neutral in response to experiences occurring during event that contributed to making it an unfair / inequitable, non-inclusive / discriminatory / irrelevant supervisory environment specific to LGB population</li> </ul>	"I couldn't believe that would actually come out of somebody's mouth who is in clinical training. And when my friend pressed a little bit and she didn't think it was for an offline discussion that this was a very offensive statement and that we need to talk about it within the group because it clearly it was narrow minded and ignorant and she again looked at my friend and said it's not open for discussion in this supervision."
Identified characteristics of non-affirming individual supervision *	(Illustrative quotes are below.)
<ul style="list-style-type: none"> <li>Supervisor known to establish unfair / inequitable / non-inclusive / disconfirming, discriminatory / irrelevant supervisory practices / exchanges with respect to LGB-specific issues and LGB supervisees</li> </ul>	"The whole supervision environment here has been so hostile, in a very under the surface type of way, but sometimes not so. So, I kind of knew he wouldn't be so open to me."
<ul style="list-style-type: none"> <li>Did not display respect for / interest in one another's worldviews, resources within and parameters of worldviews, and collaborative learning potential that could arise from the supervisory relationship specific to LGB population</li> </ul>	"I really thought that I was going in the right direction, and when my supervisor cut my knees off out from underneath me and wouldn't even engage in hearing exactly why I was doing what I was doing was very non-affirming to me. I felt completely marginalized."
<ul style="list-style-type: none"> <li>Did not engage in opportunities to expand awareness / knowledge / skills specific to LGB population</li> </ul>	"This was individual supervision with 2 of us supervisees at a practicum site in an agency with a Christian mission. My fellow supervisee [a devout Christian] was presenting a case [two women in a lesbian relationship], explaining what he was doing in therapy, which was focused on (from the supervisee's perspective) helping these women come to terms with the problems they were having were about being gay. He wasn't entirely stupid so he was framing it like the

fact that they have problems with closeness and intrusiveness was about the fact that they were gay women and that they would behave differently in straight relationships. To be honest it was shockingly clear to me that he was trying to talk them out of being gay. He was trying to find a way to tell them it would be healthier and better for them . . . that all their problems would go away if they were in straight relationships because it's all about them being women in a same sex relationship. That's what I took from this and it was horrifying. The supervisor [who participant defined as difficult / uptight / proper / rigid in her beliefs about what was and wasn't normal] said absolutely nothing to challenge this. And the guy is explaining how the case was stuck and they were making no progress. And all I could think about was he cannot have any relationship with these women at all. He has absolutely no understanding of where they're coming from or what they want to accomplish. Not only was he not using any model that I could identify and he didn't have any therapeutic focus that I could identify. He was so blinded by his own bias."

- Contributed to the presence of unintentional bias /misperceptions/ discrimination / overt and intentional bias / discrimination within supervision

"What she said to me was that she wondered if I wasn't being approachable to my site supervisor because I was – let me see if I can say this just the right way – if maybe I was acting too gay and I was making [the site supervisor] uncomfortable."

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Identified characteristics of non-affirming group supervision \*

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(Illustrative quotes are below.)

- Supervisor known to co-construct unfair / inequitable / non-inclusive / disconfirming / discriminatory / irrelevant supervisory practices / exchanges with respect to LGB-specific issues and LGB supervisees

"He had been and continued to appear uncomfortable in creating an environment that was inclusive and affirming to those of us who did not fit the heteronormative mold. I felt like it was more of his discomfort with talking about any sexuality whatsoever and particularly when it's not a heterosexual conversation."

- Did not display respect for / interest in members' worldviews, resources within and parameters of worldviews, and collaborative learning potential that could arise from group specific to LGB population

"A therapist was looking for supervisory feedback about how to approach this issue. The therapist was straight and wanted the supervisor or someone to comment on whether or not "coming out" was appropriate for her to be weighing in on and counseling them about how to move forward with the coming out process, so that was sort of a situation. The other members of the group– it was a lot of silence, a lot of them just kind of looking to the supervisor to give direction. I was sitting there,

		<p>silent as well. There was some discussion about whether or not it [coming out] was a legitimate problem for therapy, which was kind of humorous. One of the students was asking was whether or not – it was a real problem for therapy for clients to be asking for input about how to come out which – I just couldn't wrap my mind around to the ignorance of that student. Nothing was done to facilitate discussion among the group around this."</p>
	<ul style="list-style-type: none"> <li>▪ Did not engage in opportunities to expand awareness / knowledge / skills specific to LGB population</li> </ul>	<p>"When members talk about LGB clients, they'll turn to me and ask me my opinion which I find to be frustrating and presumptuous . . . that because I may be gay, I'm supposed to know what's in the minds / hearts / lifestyles of every gay person on the planet. I find that to be stupid and small-minded."</p>
	<ul style="list-style-type: none"> <li>▪ Contributed to the presence of unintentional bias / misperceptions / discrimination / overt and intentional bias and discrimination within supervision</li> </ul>	<p>"A case was being presented [family coming to terms with son's coming out]. Son was particularly effeminate, having trouble with peers, and being bullied. Some clinicians and staff started to make jokes that I thought were horrifying to be honest with you (e.g., I hope he's not wearing hose that would really not be something that this father would enjoy or wondering if he's taken to painting his fingernails). It just escalated and got uglier and it was really at the expense of the client and the therapist presenting the case."</p>
4. Self-disclosure of sexual orientation with particular supervisor	<ul style="list-style-type: none"> <li>▪ Already out</li> </ul>	<p>"Yes. I do wish to be acknowledged for who I am and that is how I've chosen to behave in this program and also in my life in general."</p>
	<ul style="list-style-type: none"> <li>▪ Not out</li> </ul>	<p>"So after the incident, I clearly did not want – did not feel the need to be open with her, I did not feel like that was going to be well received and that didn't want to fight that battle."</p>
	<ul style="list-style-type: none"> <li>▪ Somewhat/Uncertain</li> </ul>	<p>"Program Director knows I'm gay, but never spoke with my supervisor directly, so I'm unsure."</p>
5. Event specific factors associated disclosure of sexual orientation with particular supervisor	<ul style="list-style-type: none"> <li>▪ Supervisor's manner of inquiry, request for and validation of participant's LGB perspective</li> </ul>	<p>"That I was encouraged to give a different perspective and my opinion and that it was valued by my supervisor."</p>
	<ul style="list-style-type: none"> <li>▪ Supervisor's perceived collaborative, comfortable, safe/trusting, respectful, collegial, and / or supportive posture</li> </ul>	<p>"She was so open and collaborative. I felt like I could just be myself and I didn't I haven't to hide my views and my perspective was important."</p>

	<ul style="list-style-type: none"> <li>▪ Group's perceived collaborative, comfortable, safe/trusting, respectful, collegial, and / or supportive posture</li> </ul>	"I feel affirmed in supervision with my classmates since they accept who I am, and what my lifestyle is about without my feeling judged. It's a sense of being included and being accepted and not being judged."
	<ul style="list-style-type: none"> <li>▪ Supervisor's dismissiveness of participant's LGB perspective</li> </ul>	"When I asked about the sexual orientation of the client, and the supervisor talked right over my comment, I felt like it might not be a good idea to talk about being LGB."
	<ul style="list-style-type: none"> <li>▪ Supervisor's lack of intervening when colleague made perceived heterosexist assumptions about clients</li> </ul>	"Since the supervisor didn't do anything when the person presenting his case made a statement that was clearly heterosexist, I didn't say anything about my lifestyle because I didn't think it was safe."
	<ul style="list-style-type: none"> <li>▪ Group's response to case presentation was perceived as biased, oppressive, and heterosexist</li> </ul>	"I overheard a couple of them [colleagues in supervision] talking about how effeminate the client was in such a derogatory way. I definitely was not coming out in that environment."
6. Event specific factors that enabled discussion and influenced focus of discussion with the supervisor and / or relevant group members	Factors that enabled further discussion	(Illustrative quotes reported below.)
	Supervisor encouraged participant to share his/her LGB perspective	"He really made me feel like my perspective had value, so I felt comfortable continuing further discussion."
	Supervisor created safe, inclusive, and collaborative environment	"When I met with my individual supervisor about what happened, he was wonderful and really gave me a lot of support and a lot of good feedback. He created an environment that made me feel like he had my back."
	Supervisees were open, inclusive, and supportive of LGB perspective	"I spoke up about my partner and our relationship and [with her facilitation of the process] it was treated with complete respect without any sense of surprise or any sense of differences from any of the other members of the group who were also speaking about their relationships. It was a very productive discussion."
	Participant expected that it was the supervisor's role to engage in further discussion	"I was able to go to him for further discussion because I had this delusion that it was his job as a program director. I mean, I was able to go to him in the first place because I ignorantly thought that that was his job and his responsibility."
	Participant wanted to express feelings of marginalization to supervisor	"I tried to let him know that honestly I don't like how he was blowing me off and not hearing my perspective on it. I wanted to know that I was feeling even more marginalized."
	Participant felt group needed to be held accountable for their lack of professional conduct	"I just don't think that type of ignorance or unprofessional conduct has any place in our profession, and they needed to be called out on that."

	Factors associated with choice not to discuss	(Illustrative quotes reported below.)
	<ul style="list-style-type: none"> <li>▪ Supervisor was abrasive, dismissive, and unwilling to engage in further dialogue when participant tried to pursue discussion</li> </ul>	"Well it's hard to have a discussion when somebody continues to say, "This discussion is over." So that's what made the discussion with him difficult. I know that sounds kind of like elementary, but when somebody says, "It's over." And you keep pushing and they continue to say, "It's over." That makes it very difficult to have a dialogue."
	<ul style="list-style-type: none"> <li>▪ Participant feared supervisor's response if he/she pursued further discussion</li> </ul>	"She completely shut it down, so I wasn't going to push the envelope. I didn't address it was her afterward because I know base on her response in the supervision session it wasn't going anywhere. Power dynamic was too difficult to contend against, and I was worried about how she would react if I pushed it."
	<ul style="list-style-type: none"> <li>▪ Participant was uncomfortable being the lone LGB voice in the group setting</li> </ul>	"I didn't say anything because I didn't want rock the boat. I didn't want to be the lesbian in the group who had to bring up with this gay issue."
	<ul style="list-style-type: none"> <li>▪ Participant felt that no further discussion was warranted and/or relevant to supervision focus</li> </ul>	"I didn't think there's a need to say hey, you made me feel affirmed. I appreciated her [the supervisor], but there wasn't a need for a discussion about it."
7. Decision to discuss event/ experience with someone else	Decision to discuss with someone else not reported	Absence of reported quotes.
	Decision made not to discuss with someone else:	(Illustrative quotes reported below.)
	<ul style="list-style-type: none"> <li>▪ Event/experience was common supervision occurrence / did not warrant further discussion</li> </ul>	"These types of affirming experiences happen all the time, so I don't think it necessitated a discussion with someone else."
	<ul style="list-style-type: none"> <li>▪ Event/experience included sufficient discussion / did not need further discussion</li> </ul>	"Chose not to share because I didn't think it needed to be talked about any more. We had enough discussion about it and I was satisfied."
	<ul style="list-style-type: none"> <li>▪ Felt no need to address the event with someone else</li> </ul>	"No. Didn't discuss it with anyone else. I guess I didn't feel the need to."
	Decision made to discuss with someone else:	(Illustrative quotes reported below.)
	<ul style="list-style-type: none"> <li>▪ Colleague / peer in supervision or program</li> </ul>	"I did talk to one of my friends in the program, and she's been so supportive and wonderful."

- Colleague / peer outside of program  
"I spoke to one of my friends who is not in the program, but goes to another school. It was really helpful to talk to someone not in our program."
- Faculty / advisor / in supervision or program  
"I did try to talk with my advisor about it. I intimidated that I had had a bad experience with my supervisor, and she said that supervision is not something that she would get involved with because it was his supervision and she really didn't want to get into a discussion, and she tried to be respectful and say that she was sorry that I had had that experience, but that she really trusts that the supervisor had the best interests of the client in mind, and I didn't go into huge detail because I was just sensing that, here's another person who wasn't even going to be listening to what I had to say."
- Mentor outside of program  
"I actually called one of my former supervisors from my master's program and told her how I was able to bring my perspective into the room and that it was so welcomed. She was happy for me."

**Domain 4: Effects of Reported LGB Affirming and LGB Non-affirming Supervision Experiences/Events on Perceptions of Others and Perceptions of Relationships with Others**

Categories	Sub-categories	Illustrative Quotes
1. Effects on perception of supervisor and/or group members	▪ Confirmed / validated prior perception of supervisor	"It just confirmed my view of her as a topnotch supervisor, very aware, open, non-judgmental, understanding of the social justice aspects of being part of a marginalized population."
	▪ Confirmed / validated prior perception of group members	"It just confirmed for me what a open and inclusive group of students we have in supervision. Really collaborative and supportive."
	▪ Reinforced / deepened participants' prior perception of supervisor	"It made me like her more. I think I respected her more and that she was even more competent than I thought previously. I wanted to know and hear her perspective more."
	▪ Event reinforced / deepened prior perception of group members	"Saw him as more reactive and made me wonder why he was so reactive and what issues was he carrying around that he wasn't willing to address. I wondered whether he had the ability to be reflective and what his own biases were."
	▪ Shifted/expanded prior perception of supervisor	"I didn't trust her, I didn't respect her opinion on things. She obviously used her power to shut us all down."

- Shifted/expanded prior perception of group members "I lost all respect for all the staff in the site because I now saw their lack of professionalism up close, except for the therapist presenting the case. I am still fond of him and I do feel like he is a very good and caring therapist."

2. Effects on quality of relationship with supervisor and/or group	Perceived quality of supervisory relationship prior to experience/event	
	▪ Positive perceptions of quality of relationship with supervisor	"We've had an excellent supervisory relationship. I respect and admire supervisor and feel she respects me. She displays reflexivity and openness to different perspectives."
	▪ Negative perceptions of quality of relationship with supervisor	"It wasn't great. I had always felt he was very abrupt. He seemed to be uncomfortable with me. Every time I would try to bring my perspective on it, if I said anything about queer theory or marginalized populations, he would kind of talk over me."
	▪ Neutral or not yet formed perceptions of quality of relationship with supervisor	"It wasn't good or bad because I had just started with this particular supervisor."
	▪ Positive perceptions of quality of relationship with group members	"We have a wonderful group of colleague students who are very open minded, recognize the marginalization of LGB people."
	▪ Negative perceptions of quality of relationship with group members	"There was just no cohesion in our group. A couple of us got along, but besides that, we were all very disengaged and distant from each other."
	▪ Neutral or not yet formed perceptions of quality of relationship with group members	"I actually didn't know the whole group that well because it was at the beginning of the semester."
Perceived quality of supervisory relationship while supervision was still taking place		
	▪ Confirmed / validated perceived quality of relationship with supervisor	"It just reminded me why I really trust and respect my supervisor."
	▪ Confirmed / validated perceived quality of relationship with group members	"The incident reaffirmed my sense of respect for her and for all members of the group."
	▪ Reinforced / deepened / strengthened perceived quality of relationship with supervisor	"I certainly felt increased respect present in the supervisory relationship due to her openness and ability to make me feel comfortable presenting cases."



▪ Reinforced / deepened / strengthened perceived quality of relationship with group members	"I definitely felt more connected to my group."
▪ Shifted /expanded perceived quality of relationship with supervisor	"He treated me like I was an inferior product for the remainder of the semester. So, the relationship definitely shifted in my mind."
▪ Shifted /expanded perceived quality of relationship with group	"I felt very uncomfortable with many of my fellow classmates for a while and really didn't know how to handle them or handle myself in interaction with them."

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**Perceived quality of supervisory relationship after supervision ended**

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▪ Confirmed / validated perceived quality of relationship with supervisor	"It just confirmed for me that I knew I could trust the supervisor and would definitely reach out to her for future supervision."
▪ Confirmed / validated perceived quality of relationship with group members	"I would not say anything changed dramatically in our relationships but I see it a very healthy learning environment and I felt like it was a good group dynamic that is very supportive to learning."
▪ Reinforced / deepened / strengthened perceived quality of relationship with supervisor	"Increased respect in our relationship due to her openness and ability to make me feel comfortable presenting cases."
▪ Shifted perceived quality of relationship with supervisor	"So I learned not to trust her and I gave her no credibility. She would tell me what to do with my cases and I would just say okay just to get along."
▪ Shifted perceived quality of relationship with group	"It made me feel comfortable sharing my own life experience with the group and how that could impact the therapeutic relationship."

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**Domain 5: Personal and Professional Outcomes**

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Categories	Sub-categories	Illustrative Quotes
1. Effects on clinical work	▪ No effect	"I don't think it really influenced how I would respond in therapy or how I would have treated that case or thought about that case that was my case. "
	▪ Not sure	"I'm not really sure how it impacted the therapy I provide. I haven't given that any thought."
	▪ Positive effect on participant	"It helped me to understand what I bring in to the room with clients and how that affects the therapeutic relationship."

	<ul style="list-style-type: none"> <li>▪ Positive effect on group</li> </ul>	"It influenced other group members to be more thoughtful about when they're working with clients to not jump to conclusions or assumptions when people are talking about girlfriends, boyfriends, partners, spouses."
2. Effects on personal and/or professional life	<ul style="list-style-type: none"> <li>▪ No effect</li> </ul>	"It didn't affect me at all because I didn't allow it to."
	<ul style="list-style-type: none"> <li>▪ Not sure</li> </ul>	"I don't really know. I've just blocked it out and have moved on."
	<ul style="list-style-type: none"> <li>▪ Positive effect</li> </ul>	"I felt very safe and supported and I thrived more in that environment than I ever had."
	<ul style="list-style-type: none"> <li>▪ Negative effect</li> </ul>	"You know I've definitely got a lot of anger and a lot of resentment towards the way I was treated, and on the way that I think the program deals with LGBT issues."

#### Follow-Up Interview

##### Domain 1: Additional Details About Reported LGB Affirmative or LGB Non-Affirmative Supervision Event

Categories	Sub-categories	Illustrative Quotes
1. Details about reported LGB affirmative and LGB non-affirmative supervision events / experiences.	No Additional Details	"I really don't have anything more to add about either event."
	Additional Details	(Illustrative quotes reported below.)
	<ul style="list-style-type: none"> <li>▪ Participant re-confirmed affirmative environment created by supervisor and/or group members</li> </ul>	"I just wanted to be clear about how affirmed I felt by my supervisor. I think I got that across to you, but the way he created a safe group environment was really remarkable."
	<ul style="list-style-type: none"> <li>▪ Participant noticed more affirming incidents in supervision post interview</li> </ul>	"I've continued to have those experiences where my perspective has been valued and if I reference my own relationship it's accepted and nobody really blinks an eye."
	<ul style="list-style-type: none"> <li>▪ Participant felt enhanced sense of admiration for training program post interview</li> </ul>	"I want you to know how pleased I am at the way in which I feel like my training and my education, you know, has been very affirming to me as a gay man. And I think that if there is a model in the field or standard in the field, I definitely think my program, you know, has really achieved it, set the bar."
	<ul style="list-style-type: none"> <li>▪ Participant clarified location of event (i.e., off-site location)</li> </ul>	"I wanted to be clear that the non-affirming event I described happened off-site and NOT with my faculty supervisors."
	<ul style="list-style-type: none"> <li>▪ Participant re-iterated the negative impact of the experience/event</li> </ul>	"It's really taken a lot of emotional energy out of me. I'm exhausted. I have felt deflated, and I still just want to transfer."

- Participant felt increased sadness about profession based on re-telling non-affirming event
- "It makes me lose a little bit of faith in the field, to be honest with you, and I don't know who's policing these educators and I can understand why people don't because there is, again, power differentials. All around, I would say very disheartening."

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**Domain 2: Additional Reactions to First Interview**


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Categories	Sub-categories	Illustrative Quotes
1. Additional thoughts about supervision, study, and interview process.	No Additional Details	"Actually none that I can think of. I think I rambled on quite a bit the last time."
	Additional Details - Interview Process or Structure	(Illustrative quotes reported below.)
	▪ Interview length was long and questions were redundant	"The only thing was that the first interview was a little long and some of the questions were a bit repetitive."
	▪ Interview was streamlined and straightforward	"The interview process itself I thought was – I thought you handled it really well. You didn't push me too much, but you asked enough questions where I could share what happened with me. The style was non-aggressive which I really, really appreciated."
	▪ Participant appreciated opportunity to be heard	"Well, I was really anxious about taking part but I'm really glad that I had the opportunity to share this experience with you because I really hadn't told any other people that would understand this about the experience. So for me talking about it was I think a really positive thing."
	▪ Participant hoped that results get disseminated to professional community	"Well, I really want you to make sure that you sell this in every venue you can get this out to. I think you need to really put it out there. Make sure people are reading this, publish it."

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\* Bulleted items represent specific factors that when combined, comprise / identify/define the broader characteristic.

## Appendices

### Appendix A: Demographic Form

#### **Lesbian, Gay, & Bisexual (LGB) Affirmative and Non-Affirmative Marriage and Family Therapy (MFT) Supervision**

#### **Demographic Form**

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I appreciate your participation in this study of LGB affirmative and non-affirmative MFT supervision experiences. I hope the information learned from you and other participants will be used to both help sensitize MFT supervisors and supervisor candidates to LGB issues in individual and group supervision and to increase the number of positive supervision experiences for MFT masters-level trainees, doctoral-level trainees, and pre-licensed therapists who are LGB.

Below are some brief demographic questions that will be helpful in understanding some of the contextual variables that influenced your experiences.

Age: \_\_\_\_\_

Gender: \_\_\_\_\_

Race/Ethnicity: \_\_\_\_\_

Sexual Orientation: \_\_\_\_\_

Other Salient Cultural Identifications or Affiliations: \_\_\_\_\_

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MFT Degree Program (M.A. or Ph.D.): \_\_\_\_\_

Years in program: \_\_\_\_\_

Number of individual supervision hours you have received during your MFT graduate training: \_\_\_\_\_

Number of group supervision hours you have received during your MFT graduate training: \_\_\_\_\_

Number of clinical hours you have provided during your MFT graduate training: \_\_\_\_\_

Number of supervisors you have worked with during your MFT graduate training: \_\_\_\_\_

Number of self-identified LGB supervisors you have worked with during your MFT graduate training: \_\_\_\_\_

## Appendix B: Burkard et al.'s (2009) Interview Protocol

### LGB Affirmative and Non-Affirmative Supervision Phone Interview Protocol

Burkard, A. W., Knox, S., Hess, S., and Schultz, J. (2009)

We appreciate your participation in our study of LGB affirmative and non-affirmative supervision experiences. We hope that the information learned from this study may be used to sensitize supervisors to LGB concerns in supervision and to increase the number of positive experiences in supervision for trainees who identify as LGB. We are grateful for the time that you are contributing to this study.

#### General Questions

In this section, we would like you to answer the questions from your perspective as a supervisee. Please note that there are no right or wrong answers to the following questions; we are interested in your thoughts, reactions, and inner experiences. Additionally, we use "LGB" to refer to individuals who identify as Lesbian, Gay, or Bisexual.

1. How, if at all, have LGB issues been addressed in your graduate training (i.e., classes)?
2. How, if at all, have LGB issues been addressed in your supervision experiences? If LGB issues have been addressed in supervision, what effect, if any, has this had on your professional development as a therapist?
3. How would you define LGB affirmative supervision? What processes need to or are likely to occur in order for a supervision experience to be identified as LGB affirmative?
4. How would you define LGB non-affirmative supervision? What processes need to or are likely to occur in order for a supervision experience to be identified as LGB non-affirmative?
5. Are you typically out as an LGB person in your supervision experiences? What factors contribute to your decision to be or to not be out in supervision?

#### Specific Incident Questions

In the following sets of questions, we would like you to discuss one specific incident when you felt that individual supervision was LGB affirmative, and a different incident when you felt that individual supervision was LGB non-affirmative. These incidents will have been important events in individual supervision that may have affected you as the supervisee, or the supervision relationship, in the short- and/or long-term. I assure you that your answers will be kept confidential, that no attempt will be made to identify any parties (e.g., supervisor, university) involved in the incident, and that any presentation or manuscript that might result from this study will maintain the strictest level of confidentiality. Do you have any questions at this point?

**LGB-affirming supervision.** Please describe a specific incident in which you felt that your supervisor was LGB affirmative during individual supervision.

#### Probes:

- A. Incident (e.g., client concern, supervision relationship concern, etc.)?
  - What was the incident (i.e., how did it begin, how did it end)?
  - Please describe the interaction or discussion regarding this incident that occurred between you and your supervisor.
  - Please describe specifically what made your supervisor's response affirming for you.
  - Please describe any other thoughts or feelings you may have had regarding the interaction/discussion with your supervisor.
- B. What was your desired response to this incident from your supervisor?
- C. Please describe the quality of the supervision relationship prior to the incident?

- Were you out as an LGB person to this supervisor?
- What factors contributed to you being out or choosing not to be out within this supervisory relationship?
- D.** Discussion of incident in supervision and effect on supervision relationship:
  - If you were able discuss this incident with your supervisor, what enabled you to do so?
    - Were there any thoughts or feelings regarding this incident that you chose not to disclose to your supervisor? If so, why not?
  - If you were not able to discuss this incident with your supervisor, what made it difficult to do so?
    - What could the supervisor have done to facilitate such a discussion?
  - How did this incident affect your perceptions of your supervisor?
  - While supervision was still taking place, what was the effect of this incident on the supervision relationship?
  - What effect did this incident have on your relationship with your supervisor after supervision ended?
- E.** How, if at all, did the interaction or discussion with your supervisor affect your work with clients?
- F.** Beyond any effect on your clinical cases and your supervision relationship, in what other ways, if any, has the interaction or discussion with your supervisor affected you personally and/or professionally?
- G.** We recognize that there are multiple aspects to your identity (e.g., age, class, gender, ethnicity, race) and ask that you focus on those aspects that are most salient to you when responding to the following question: How, if at all, did these other aspects of your identity interact with your identity as an LGB person in this incident?
- H.** Please provide some context for the supervision experience [e.g., general information on supervisor (gender, age, was supervisor licensed, supervision experience of supervisor, did supervisor identify as LGB, ally or unknown), frequency of supervision, focus of supervision, how long worked with supervisor at time of incident, how long worked with supervisor overall, when in program incident occurred].

**LGB non-affirmative supervision.** Please describe a specific incident in which you felt that your supervisor was LGB non-affirmative during individual supervision.

**Probes:**

- A.** Incident (e.g., client concern, supervision relationship concern, etc.)?
  - What was the incident (i.e., how did it begin, how did it end)?
  - Please describe the interaction or discussion regarding this incident that occurred between you and your supervisor.
  - Please describe specifically what made your supervisor's response non-affirming for you.
  - Please describe any other thoughts or feelings you may have had regarding the interaction/discussion with your supervisor.
- B.** What was your desired response from your supervisor?
- C.** Please describe the quality of the supervision relationship prior to the incident?
  - Were you out as an LGB person to this supervisor?
  - What factors contributed to you being out or choosing not to be out within this supervisory relationship?
- D.** Discussion of incident in supervision and effect on supervision relationship:
  - If you were able discuss this incident with your supervisor, what enabled you to do so?
    - Were there any thoughts or feelings regarding this incident that you chose not to disclose to your supervisor? If so, why not?
  - If you were not able to discuss this incident with your supervisor, what made it difficult to do so?
    - What could the supervisor have done to facilitate such a discussion?
  - How did this incident affect your perceptions of your supervisor?

- While supervision was still taking place, what was the effect of this incident on the supervision relationship?
  - What effect did this incident have on your relationship with your supervisor after supervision ended?
- E.** How, if at all, did the interaction or discussion with your supervisor affect your work with clients?
- F.** Beyond any effect on your clinical cases and your supervision relationship, in what other ways, if any, has the interaction or discussion with your supervisor affected you personally and/or professionally?
- G.** We recognize that there are multiple aspects to your identity (e.g., age, class, gender, ethnicity, race) and ask that you focus on those aspects that are most salient to you when responding to the following question: How, if at all, did these other aspects of your identity interact with your identity as an LGB person in this incident?
- H.** Please provide some context for the supervision experience [e.g., general information on supervisor (gender, age, was supervisor licensed, supervision experience of supervisor, did supervisor identify as LGB, ally or unknown), frequency of supervision, focus of supervision, how long worked with supervisor at time of incident, how long worked with supervisor overall, when in program incident occurred].

**Closing questions**

Given that you are currently, or might become, a supervisor, how have your LGB affirmative and non-affirming supervision experiences shaped your current or future approach to providing supervision?

Why did you agree to participate in this study?

How has this interview affected you?

## Appendix C: Initial Interview Protocol

### **Lesbian, Gay, & Bisexual (LGB) Affirmative and Non-Affirmative Marriage and Family Therapy (MFT) Supervision Initial Semi-Structured Phone Interview Protocol**

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#### **Orientation**

I appreciate your participation in this study of LGB affirmative and non-affirmative MFT supervision experiences. I hope the information learned from you and other participants will be used to both help sensitize MFT supervisors and supervisor candidates to LGB issues in individual and group supervision and to increase the number of positive supervision experiences for MFT masters-level trainees, doctoral-level trainees, and pre-licensed therapists who are LGB. I am grateful for your willingness to contribute your knowledge and experience to this study.

#### **The interview involves three types of questions:**

1. We will begin with some general questions about the ways in which LGB issues have been addressed in your MFT individual and group supervision experiences to date and about the ways in which you define LGB affirmative and non-affirmative supervision, from your own personal and professional perspectives.
2. From there, I would like to learn about one specific incident that occurred where you felt that individual or group supervision was LGB affirmative, and another specific incident that occurred where you felt that individual or group supervision was LGB non-affirmative.
3. We will end the interview with a few final questions about your thoughts on supervision, this study, and the interview process.
4. Finally, I hope to be able to answer any questions, or discuss any comments you may have.
5. The interview and closing discussion should take approximately 45 to 60 minutes.
6. As a reminder, our conversation will be audio taped and later transcribed (with identifying data disguised) by a member of the research team for the purpose of qualitative analysis - which will again be conducted by members of the research team.



## General Questions

In the first part of this interview, I would like you to answer the questions from your perspective as a supervisee. Please note that there are no right or wrong answers to any of the questions; I am really interested in learning about your thoughts, reactions, feelings, and inner experiences.

1. In what ways have LGB issues been addressed in your individual and/or group supervision experiences?

Regardless of response (i.e., issues have not been addressed; issues have been improperly addressed; issues have been positively addressed, etc.), use attending <sup>a</sup>, tracking <sup>b</sup>, and active listening<sup>c</sup> probes to invite extensions in the participant's descriptive accountings, subjective perceptions, and/or reflections.

- a. How have these experiences influenced your development as a therapist?

Use attending, tracking, and active listening probes to invite extensions in descriptive accountings, subjective perceptions, and/or reflections.

2. How would you define LGB affirmative supervision?

Use attending, tracking, and active listening probes to invite extensions in descriptive accountings, subjective perceptions, and/or reflections.

- a. From your perspective, what processes need to or are likely to occur in order for a supervision experience to be identified as LGB affirmative?

Use attending, tracking, and active listening probes to invite extensions in descriptive accountings, subjective perceptions, and/or reflections.

3. How would you define LGB non-affirmative supervision?

Use attending, tracking, and active listening probes to invite extensions in descriptive accountings, subjective perceptions, and/or reflections.

- a. From your perspective, what processes need to or are likely to occur in order for a supervision experience to be identified as LGB non-affirmative?

Use attending, tracking, and active listening probes strategies to invite extensions in descriptive accountings, subjective perceptions, and/or reflections.

4. Are you typically out as an LGB person in your supervision experiences?

Use attending, tracking, and active listening probes to invite extensions in descriptive accountings, subjective perceptions, and/or reflections.

- b. What factors contribute to your decision to be or to not be out in supervision?

Use attending, tracking, and active listening probes to invite extensions in descriptive accountings, subjective perceptions, and/or reflections.

**Specific Incident Questions**

For the next part of the interview, I would like you to tell me about one incident that occurred where you felt that supervision was LGB affirmative, and another incident that occurred where you felt that supervision was LGB non-affirmative. These incidents could be important events that may have affected: (a) you as the supervisee, (b) other supervisees, (c) the supervisor, (d) the clients being served, (e) the supervisory relationship, and/or (f) the therapeutic relationship. The affect may have occurred in the moment and may have had short or long-term implications as well. Please remember your answers will be kept confidential, that no attempt will be made to identify any parties (e.g., supervisor, other supervisees, university, practicum or internship sites, or clients) involved in or affected by the incident, and that any presentation or manuscript that might result from this study will maintain the strictest level of confidentiality.

**LGB affirmative Supervision Incident**

1. Please describe a specific incident in which you felt that your individual or group supervision experience was LGB affirmative.

Use attending, tracking, and active listening probes to invite extensions in descriptive accountings, subjective perceptions, and/or reflections. Additionally, use directive probes to obtain descriptive information about:

- a. The nature of incident:

Can you tell me what the incident was about (e.g., a client, case management, your or another supervisee, the supervisor, the supervisory relationship, etc.)

- b. A description of incident:

Please describe the interaction or discussion that occurred (a) between you and your supervisor (if individual supervision); or, (b) among members of the group (if group supervision).

Please describe specifically what made your supervisor's response and/or the interaction among members of the group affirming for you. OR Did your supervisor's or group members' responses influential your perception of the incident as LGB affirmative? If so, how?

Please describe any other thoughts or feelings you may have had regarding the interaction or discussion that occurred (a) between you and your supervisor (if individual supervision); or, (b) among members of the group (if group supervision).

2. What was your desired response to this incident (a) from your supervisor (if individual supervision); or, (b) from your supervisor or other members of the group among members of the group (if group supervision).

Use attending, tracking, and active listening probes to invite extensions in descriptive accountings, subjective perceptions, and/or reflections.

3. Discussion of incident in supervision and effect on supervision relationship:

Use attending, tracking, and active listening probes to invite extensions in descriptive accountings, subjective perceptions, and/or reflections regarding the following questions:

- a. Please describe the quality of (a) the supervision relationship (if individual supervision); or, (b) the relationship you and other members had with the supervisor and among yourselves (if group supervision) prior to the incident?
  - b. Were you out as an LGB person to this supervisor?
  - c. What factors contributed to you being out or choosing not to be out within this (a) supervisory relationship (if individual supervision); or, (b) supervision context (if group supervision)?
  - d. If you were able discuss this incident with (a) your supervisor (if individual supervision); or, (b) within the group (if group supervision), what enabled you to do so?
    - i. Were there any thoughts or feelings regarding this incident that you chose not to disclose to (a) your supervision (if individual supervision); or, (b) within the group (if group supervision)? If so, why not?
  - e. If you were not able to discuss this incident with (a) your supervisor (if individual supervision); or (b) within the group (if group supervision), what made it difficult to do so?
    - i. What could the supervisor have done to facilitate such a discussion?
  - f. If you were not able to discuss this incident with (a) your supervisor (if individual supervision); or (b) within the group (if group supervision), did you choose to address the issue with someone else or in another context?
  - g. How did this incident affect your perceptions of (a) your supervisor (if individual supervision); or, your supervisor and other members of the group (if group supervision)?
  - h. While supervision was still taking place, what was the effect of this incident on your relationship with (a) the supervisor (if individual supervision); or, (b) the supervisor and with other group members (if group supervision)?
  - i. What effect did this incident have on your relationship with (a) your supervisor; or (b) your supervisor and other group members (if group supervision) after supervision ended?
4. How, if at all, did the interaction or discussion with (a) your supervisor (if individual supervision); or, (b) with your supervisor and other group members (if group supervision) affect your work with clients?

Use attending, tracking, and active listening probes to invite extensions in descriptive accountings, subjective perceptions, and/or reflections.
5. Beyond any affect on your clinical cases and your (a) supervision relationship (if individual supervision); or, (b) relationship with your supervisor and other group members (if group supervision), in what other ways, if any, has the interaction or discussion with (a) your supervisor (if individual supervision); or, (b)

with your supervisor and other group members (if group supervision) affected you personally and/or professionally?

Use attending, tracking, and active listening probes to invite extensions in descriptive accountings, subjective perceptions, and/or reflections.

6. We recognize that there are multiple aspects to your identity (e.g., age, class, gender, ethnicity, race, etc.) and ask that you focus on those aspects that are most salient to you when responding to the following question: How, if at all, did these other aspects of your identity interact with your identity as an LGB person in this incident?

Use attending, tracking, and active listening probes to invite extensions in descriptive accountings, subjective perceptions, and/or reflections.

7. Please provide some context for the supervision experience [e.g., general information on supervisor (gender, age, was supervisor licensed, supervision experience of supervisor, did supervisor identify as LGB, ally, or unknown), frequency of supervision, focus of supervision, how long you had worked with supervisor at time of incident, how long you worked with supervisor overall, when in the program the incident occurred.] Additional context questions to explore, if the incident involved group supervision [e.g., how many supervisees comprised the group and general information on group members (gender, age, ethnicity, sexual orientation, length of time participant has known them)].

Use attending, tracking, and active listening probes to invite extensions in descriptive accountings, subjective perceptions, and/or reflections.

8. Please provide some context about the supervision experience as it relates to where the supervision took place (e.g., university setting, off-site practicum/internship location, workplace).

Use attending, tracking, and active listening probes to invite extensions in descriptive accountings, subjective perceptions, and/or reflections.

### **LGB non-affirmative Supervision Incident**

1. Please describe a specific incident in which you felt that your individual or group supervision experience was LGB non-affirmative.

Use attending, tracking, and active listening probes to invite extensions in descriptive accountings, subjective perceptions, and/or reflections.

Additionally, use directive probes to obtain descriptive information about:

- a. The nature of incident:

Can you tell me what the incident was about (e.g., a client, case management, your or another supervisee, the supervisor, the supervisory relationship, etc.)

- b. A description of incident:

Please describe the interaction or discussion that occurred (a) between you and your supervisor (if individual supervision); or, (b) among members of the group (if group supervision).

Please describe specifically what made your supervisor's response and/or the interaction among members of the group non-affirming for you. OR Did your supervisor's or group members' responses influence your perception of the incident as LGB non-affirmative? If so, how?

Please describe any other thoughts or feelings you may have had regarding the interaction or discussion that occurred (a) between you and your supervisor (if individual supervision); or, (b) among members of the group (if group supervision).

2. What was your desired response to this incident (a) from your supervisor (if individual supervision); or, (b) from your supervisor or other members of the group among members of the group (if group supervision).

Use attending, tracking, and active listening probes to invite extensions in descriptive accountings, subjective perceptions, and/or reflections.

3. Discussion of incident in supervision and effect on supervision relationship:

Use attending, tracking, and active listening probes to invite extensions in descriptive accountings, subjective perceptions, and/or reflections regarding the following questions:

- a. Please describe the quality of (a) the supervision relationship (if individual supervision); or, (b) the relationship you and other members had with the supervisor and among yourselves (if group supervision) prior to the incident?
- b. Were you out as an LGB person to this supervisor?
- c. What factors contributed to you being out or choosing not to be out within this (a) supervisory relationship (if individual supervision); or, (b) supervision context (if group supervision)?
- d. If you were able to discuss this incident with (a) your supervisor (if individual supervision); or, (b) within the group (if group supervision), what enabled you to do so?
  - i. Were there any thoughts or feelings regarding this incident that you chose not to disclose to (a) your supervisor (if individual supervision); or, (b) within the group (if group supervision)? If so, why not?
- e. If you were not able to discuss this incident with (a) your supervisor (if individual supervision); or (b) within the group (if group supervision), what made it difficult to do so?
  - i. What could the supervisor have done to facilitate such a discussion?
- f. If you were not able to discuss this incident with (a) your supervisor (if individual supervision); or (b) within the group (if group supervision), did you choose to address the issue with someone else or in another context?
- g. How did this incident affect your perceptions of (a) your supervisor (if individual supervision); or, your supervisor and other members of the group (if group supervision)?

- h. While supervision was still taking place, what was the effect of this incident on your relationship with (a) the supervisor (if individual supervision); or, (b) the supervisor and with other group members (if group supervision)?
    - i. What effect did this incident have on your relationship with (a) your supervisor; or (b) your supervisor and other group members (if group supervision) after supervision ended?
4. How, if at all, did the interaction or discussion with (a) your supervisor (if individual supervision); or, (b) with your supervisor and other group members (if group supervision) affect your work with clients?  
Use attending, tracking, and active listening probes to invite extensions in descriptive accountings, subjective perceptions, and/or reflections.
5. Beyond any affect on your clinical cases and your (a) supervision relationship (if individual supervision); or, (b) relationship with your supervisor and other group members (if group supervision), in what other ways, if any, has the interaction or discussion with (a) your supervisor (if individual supervision); or, (b) with your supervisor and other group members (if group supervision) affected you personally and/or professionally?  
Use attending, tracking, and active listening probes to invite extensions in descriptive accountings, subjective perceptions, and/or reflections.
6. We recognize that there are multiple aspects to your identity (e.g., age, class, gender, ethnicity, race, etc.) and ask that you focus on those aspects that are most salient to you when responding to the following question: How, if at all, did these other aspects of your identity interact with your identity as an LGB person in this incident?  
Use attending, tracking, and active listening probes to invite extensions in descriptive accountings, subjective perceptions, and/or reflections.
7. Please provide some context for the supervision experience [e.g., general information on supervisor (gender, age, was supervisor licensed, supervision experience of supervisor, did supervisor identify as LGB, ally, or unknown), frequency of supervision, focus of supervision, how long you had worked with supervisor at time of incident, how long you worked with supervisor overall, when in program incident occurred)]. Additional context questions to explore, if the incident involved group supervision [e.g., how many supervisees comprised the group and general information on group members (gender, age, ethnicity, sexual orientation, length of time participant has know them)].  
Use attending, tracking, and active listening probes to invite extensions in descriptive accountings, subjective perceptions, and/or reflections.
8. Please provide some context about the supervision experience as it relates to where the supervision took place (e.g., university setting, off-site practicum/internship location, workplace).  
Use attending, tracking, and active listening probes to invite extensions in descriptive accountings, subjective perceptions, and/or reflections.

**Closing Questions**

1. Given that you are currently, or might become, a supervisor, how have your LGB affirmative and non-affirmative supervision experiences shaped your current or future approach to providing supervision?
2. Why did you agree to participate in this study?
3. How has this interview affected you?

**Participant Questions and Comments**

1. Finally, as I mentioned at the beginning of our time together, I would be happy to try and answer any questions you may have, or to discuss any comments you may have.

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<sup>a</sup> Attending Probes: See page 9

<sup>b</sup> Tracking Probes: See page 10

<sup>c</sup> Active Listening Probes: See page 11

## ATTENDING PROBES

### Eliciting Participant Sharing of Experiences and Perspectives

While any probes will influence a participant, attending probes are considered the least directive and are intended to:

1. Reduce interviewer talk time
2. Discover how participants present their experiences and perceptions with minimal intrusion from the interviewer
3. Indicate the interviewer is listening, which helps to facilitate the interview process

Skill	Description	Function in Phone Interview
<b>Attending Probes</b>	<ul style="list-style-type: none"> <li>▪ Individually and culturally appropriate vocals and verbal cues</li> <li>▪ Expressions of interest and wanting to know more</li> <li>▪ Respectful silence</li> <li>▪ Minimal encouragers</li> </ul>	<ul style="list-style-type: none"> <li>▪ Acknowledges the participant</li> <li>▪ Sets comfortable tone</li> <li>▪ Reduces interviewer influence</li> <li>▪ Allows space for participants to share experiences and perceptions from their own worldview</li> <li>▪ Allows participants time to process what they have been saying</li> </ul>

<b>Representative Attending Probes</b>	
All attending probes have one goal in common: to reduce interviewer talk-time while providing participants with opportunities to share experiences and perspectives from their own cultural and contextual worldview, and with minimal interference from the interviewer.	
<b>Vocal Qualities</b>	Appropriate modifications in pitch, volume, speech rate, tone, attending to cultural and idiosyncratic preferences.
<b>Useful Silence</b>	Appropriate use of silence – taking cues from participant's preference for silence to think things through without interruption.
<b>Verbal Underlining</b>	Appropriate volume / vocal emphasis to certain words and short phrases to convey what aspects of the participant's words the interviewer is relating to, and to open pathways for clarification, should the interviewer be emphasizing aspects of the participant's words differently than they mean to convey.
<b>Verbal Tracking</b>	Staying with participant's topics and encouraging elaboration from their own worldview or point of reference.
<b>Selective Attention</b>	Remaining alert to intentional versus less intentional preferences in what the consulting interviewer and participant attend to.



## TRACKING PROBES

### Elaborating Participant Sharing of Experiences and Perspectives

Tracking probes encourage participants to elaborate on experiences and perspectives by drawing out additional information from various vantage points *within* their worldview. The intentions of tracking probes are to:

1. Circumvent unrecognized ways interviewers work within their own frame.
2. Facilitate interviewer's focus on participant's actual words and on tracking these words for clarification or elaboration in ways that do not extend beyond participant's worldview.
3. Invite participants to elaborate descriptive accountings interpretive responses.
4. Clarify details to be sure the interviewer understands what is being shared, to show that the interviewer is listening, to obtain clarification, and to facilitate the continued exchange.

Skill	Description	Function in Phone Interview
<b>Open Questions</b>	<ul style="list-style-type: none"> <li>▪ Could: general picture</li> <li>▪ How: process / feelings</li> <li>▪ What: facts</li> <li>▪ Why: reasons / reflection</li> <li>▪ Consider: review</li> </ul>	<ul style="list-style-type: none"> <li>▪ Facilitates full descriptions of experiences and perceptions from various vantage points within the participant's worldview.</li> </ul>
<b>Closed Questions</b>	<ul style="list-style-type: none"> <li>▪ Do</li> <li>▪ Is</li> <li>▪ Are</li> </ul>	<ul style="list-style-type: none"> <li>▪ Quickly obtains specific data</li> <li>▪ Focuses participants</li> <li>▪ Ends lengthy/repetitive speech</li> </ul>
<b>Encouragers</b>	<ul style="list-style-type: none"> <li>▪ Restating participant's key words, sometimes with a questioning tone</li> </ul>	<ul style="list-style-type: none"> <li>▪ Encourages elaboration of experiences and perceptions</li> </ul>

Representative Tracking Questioning Strategies	
Tracking probes help direct the interview, open areas for discussion, assist in pinpointing and clarifying issues, and aid in participant exploration.	
<b>Open Questions</b>	Open questions cannot be answered in a few words, facilitate open discussion, and encourage participants to provide maximum information. Typically, open questions begin with <i>what</i> , <i>how</i> , <i>why</i> , or <i>could</i> .
<b>Closed Questions</b>	Closed questions can be answered in a few words or sentences and have the advantage of focusing the interview and obtaining information, but the burden of guiding the talk remains on the interviewer. Closed questions often begin with <i>is</i> , <i>are</i> , or <i>do</i> . Used judiciously, they help obtain important specifics.
<b>Tracking Questions</b>	Tracking questions are a combination of open and closed questions that help draw out a story beyond its usual beginning and ending. Some examples include: What happened first? What happened next? What was the result?
<b>Encouragers</b>	Encouragers invite participants to continue talking. These include a repetition of keywords stated by the participant.

## ACTIVE LISTENING PROBES

### Organizing the Participants Experiences and Perspectives

Active-listening probes help interviewers organize the main elements of participant experiences and perspectives to be sure they have heard correctly, and to help keep the interview focused. These probes are intended to: (1) clarify what the participant has shared; (2) check on the accuracy of what the interviewer has heard; (3) facilitate further exchange; and, (4) summarize one phase of an interview and move to the next.

Skill	Description	Function in Phone Interview
<b>Paraphrasing</b>	<ul style="list-style-type: none"> <li>Repeat essence of what is shared</li> <li>Shorten/clarify what is shared</li> </ul>	<ul style="list-style-type: none"> <li>Participant feels heard</li> <li>Facilitates self-exploration</li> <li>Offers new point of departure</li> </ul>
<b>Summarizing</b>	<ul style="list-style-type: none"> <li>Feedback experiences and perspectives in an organized form</li> </ul>	<ul style="list-style-type: none"> <li>Beginning: Offers framework</li> <li>Ongoing: Clarifies path of interview</li> <li>Transitions from one topic to another</li> <li>Closing: Summarizes experience</li> </ul>
<b>Reflecting</b>	<ul style="list-style-type: none"> <li>Reflect feelings/reactions shared to show participant has been heard and to check for accuracy</li> </ul>	<ul style="list-style-type: none"> <li>Normalizes affect</li> <li>Sorts out complex experiences and perceptions</li> </ul>
<b>Synthesizing</b>	<ul style="list-style-type: none"> <li>Bring together experiences and perceptions shared</li> </ul>	<ul style="list-style-type: none"> <li>Clarifies how interviewer understands and facilitates further exchange</li> </ul>
<b>Checking perceptions</b>	<ul style="list-style-type: none"> <li>Finding out if interpretations and perceptions are valid and accurate</li> </ul>	<ul style="list-style-type: none"> <li>Requests information about accuracy of interviewer's understanding and facilitates further exchange</li> </ul>

### Representative Active Listening Probes

Active listening probes help interviewers distill, shorten, and clarify what participants share to show they are listening and to clarify if they accurately heard what was shared.

<b>Paraphrase</b>	Shorten and clarify what has been shared, using: <ul style="list-style-type: none"> <li>Sentence stems such as "I think what I just took from what you shared is ..."</li> <li>Participant's key words that capture experiences and perceptions shared</li> <li>Clarifying statements to that organize complex explanations</li> <li>Checks for accuracy, such as "Am I hearing you correctly?"</li> </ul>
<b>Summarize</b>	Clarify and distill what has been shared over a long period of time restating key concepts, and asking for feedback on accuracy
<b>Reflect</b>	Reflecting includes: <ul style="list-style-type: none"> <li>Sentence stems about feelings shared</li> <li>Feeling labels or words to capture what participants are experiencing</li> <li>Checks for accuracy, such as "Did I capture what you were feeling?"</li> </ul>
<b>Synthesize</b>	Synthesizing brings together multiple experiences and perceptions shared, and checks for accuracy.
<b>Check perceptions</b>	Checking how the interviewer is understanding, interpreting, and organizing what is being shared (this probe that should be used throughout the interview).

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**Semi-Structured Initial Phone Interview Protocol**

© 2010 Adapted with permission from the Burkard, A. W., Knox, S., Hess, S., and Schultz, J (2009) *LGB Affirmative and Non-Affirmative Supervision Phone Interview Protocol*.

**Semi-Structured Interview Probes**

© Sandra A. Rigazio-DiGilio, 2007

Adapted from Ivey, A. E., and Bradford Ivey, M. (2007) *Intentional interviewing and counseling: Facilitating participant development in a multicultural society* (6th Edition). Belmont, CA: Thomson Learning Inc.

## Appendix D: Follow-Up Interview Protocol

### Lesbian, Gay, & Bisexual (LGB) Affirmative and Non-Affirmative Marriage and Family Therapy (MFT) Supervision Two Week Follow-up Semi-Structured Phone Interview Protocol

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#### Orientation

I appreciate your agreeing to participate in a brief follow-up interview for our study on LGB affirmative and non-affirmative MFT supervision experiences. There are three reasons for this follow-up call.

1. First, I would like to ask you a few questions about some of the things we discussed a few weeks ago so that can be sure I captured the full meaning of what you shared with me.
2. Second, I hope we can spend a few minutes discussing any other information or any additional reactions that may have arisen for you about the events we discussed or as a consequence of our initial interview.
3. Finally, I hope you will share with me any further thoughts you have about supervision, this study, and the interview process, and I would like to answer any further questions, or discuss any further comments you may have.

As a reminder, our conversation will be audio taped and later transcribed (with identifying data disguised) by a member of the research team for the purpose of qualitative analysis - which will again be conducted by members of the research team.

I think this call should only take about 10 or 20 minutes and, again, I appreciate the time you are devoting to this study.

#### Clarifying Questions

Regarding the first point, if you could respond to a few questions I have about some of the things we discussed a few weeks ago, it would help me to be sure I understood the full meaning of what you shared with me.

1. The interviewer will have questions that arose after reviewing the audio-tape that require further elaboration in order to fully understand the participant's response.

Each question will be asked, and the interviewer will use attending <sup>a</sup>, tracking <sup>b</sup>, and active listening <sup>c</sup> probes to invite extensions in descriptive accountings, subjective perceptions, and/or reflections.

#### Additional Questions

Regarding the second point, I hope we can spend a few minutes discussing any other information or any additional reactions that may have arisen for you about the events we discussed or as a consequence of our initial interview.

1. In terms of any additional information, are there any further details you remembered about the LGB affirmative supervision incident you shared with me that you believe would be important for us to know about for this study?

Use attending, tracking, and active listening probes to invite extensions in descriptive accountings, subjective perceptions, and/or reflections.

2. Are there any further details you remembered about the LGB non-affirmative supervision incident you shared with me that you believe would be important for us to know about for this study?

Use attending, tracking, and active listening probes to invite extensions in descriptive accountings, subjective perceptions, and/or reflections.

3. And, I would be very interested to learn about any additional thoughts, reactions, feelings, or inner experiences that may have arisen for you about the events we discussed or as a consequence of our initial interview.

Use attending, tracking, and active listening probes to invite extensions in descriptive accountings, subjective perceptions, and/or reflections.

### **Closing Questions**

1. Finally, I hope you will share any further thoughts you have about supervision, this study, and the interview process.

Use attending, tracking, and active listening probes to invite extensions in descriptive accountings, subjective perceptions, and/or reflections.

### **Participant Questions and Comments**

1. As I mentioned at the beginning of our time together, I would be happy to try and answer any questions you may have, or to discuss any comments you may have.

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<sup>a</sup> Attending Probes: See page 3

<sup>b</sup> Tracking Probes: See page 4

<sup>c</sup> Active Listening Probes: See page 5

## ATTENDING PROBES

### Eliciting Participant Sharing of Experiences and Perspectives

While any probes will influence a participant, attending probes are considered the least directive and are intended to:

1. Reduce interviewer talk time
2. Discover how participants present their experiences and perceptions with minimal intrusion from the interviewer
3. Indicate the interviewer is listening, which helps to facilitate the interview process

Skill	Description	Function in Phone Interview
<b>Attending Probes</b>	<ul style="list-style-type: none"> <li>▪ Individually and culturally appropriate vocals and verbal cues</li> <li>▪ Expressions of interest and wanting to know more</li> <li>▪ Respectful silence</li> <li>▪ Minimal encouragers</li> </ul>	<ul style="list-style-type: none"> <li>▪ Acknowledges the participant</li> <li>▪ Sets comfortable tone</li> <li>▪ Reduces interviewer influence</li> <li>▪ Allows space for participants to share experiences and perceptions from their own worldview</li> <li>▪ Allows participants time to process what they have been saying</li> </ul>

<b>Representative Attending Probes</b>	
All attending probes have one goal in common: to reduce interviewer talk-time while providing participants with opportunities to share experiences and perspectives from their own cultural and contextual worldview, and with minimal interference from the interviewer.	
<b>Vocal Qualities</b>	Appropriate modifications in pitch, volume, speech rate, tone, attending to cultural and idiosyncratic preferences.
<b>Useful Silence</b>	Appropriate use of silence – taking cues from participant's preference for silence to think things through without interruption.
<b>Verbal Underlining</b>	Appropriate volume / vocal emphasis to certain words and short phrases to convey what aspects of the participant's words the interviewer is relating to, and to open pathways for clarification, should the interviewer be emphasizing aspects of the participant's words differently than they mean to convey.
<b>Verbal Tracking</b>	Staying with participant's topics and encouraging elaboration from their own worldview or point of reference.
<b>Selective Attention</b>	Remaining alert to intentional versus less intentional preferences in what the consulting interviewer and participant attend to.

## TRACKING PROBES

### Elaborating Participant Sharing of Experiences and Perspectives

Tracking probes encourage participants to elaborate on experiences and perspectives by drawing out additional information from various vantage points *within* their worldview. The intentions of tracking probes are to:

1. Circumvent unrecognized ways interviewers work within their own frame.
2. Facilitate interviewer's focus on participant's actual words and on tracking these words for clarification or elaboration in ways that do not extend beyond participant's worldview.
3. Invite participants to elaborate descriptive accountings interpretive responses.
4. Clarify details to be sure the interviewer understands what is being shared, to show that the interviewer is listening, to obtain clarification, and to facilitate the continued exchange.

Skill	Description	Function in Phone Interview
<b>Open Questions</b>	<ul style="list-style-type: none"> <li>▪ Could: general picture</li> <li>▪ How: process / feelings</li> <li>▪ What: facts</li> <li>▪ Why: reasons / reflection</li> <li>▪ Consider: review</li> </ul>	<ul style="list-style-type: none"> <li>▪ Facilitates full descriptions of experiences and perceptions from various vantage points within the participant's worldview.</li> </ul>
<b>Closed Questions</b>	<ul style="list-style-type: none"> <li>▪ Do</li> <li>▪ Is</li> <li>▪ Are</li> </ul>	<ul style="list-style-type: none"> <li>▪ Quickly obtains specific data</li> <li>▪ Focuses participants</li> <li>▪ Ends lengthy/repetitive speech</li> </ul>
<b>Encouragers</b>	<ul style="list-style-type: none"> <li>▪ Restating participant's key words, sometimes with a questioning tone</li> </ul>	<ul style="list-style-type: none"> <li>▪ Encourages elaboration of experiences and perceptions</li> </ul>

Representative Tracking Questioning Strategies	
Tracking probes help direct the interview, open areas for discussion, assist in pinpointing and clarifying issues, and aid in participant exploration.	
<b>Open Questions</b>	Open questions cannot be answered in a few words, facilitate open discussion, and encourage participants to provide maximum information. Typically, open questions begin with <i>what</i> , <i>how</i> , <i>why</i> , or <i>could</i> .
<b>Closed Questions</b>	Closed questions can be answered in a few words or sentences and have the advantage of focusing the interview and obtaining information, but the burden of guiding the talk remains on the interviewer. Closed questions often begin with <i>is</i> , <i>are</i> , or <i>do</i> . Used judiciously, they help obtain important specifics.
<b>Tracking Questions</b>	Tracking questions are a combination of open and closed questions that help draw out a story beyond its usual beginning and ending. Some examples include: What happened first? What happened next? What was the result?
<b>Encouragers</b>	Encouragers invite participants to continue talking. These include a repetition of keywords stated by the participant.

## ACTIVE LISTENING PROBES

### Organizing the Participants Experiences and Perspectives

Active-listening probes help interviewers organize the main elements of participant experiences and perspectives to be sure they have heard correctly, and to help keep the interview focused. These probes are intended to: (1) clarify what the participant has shared; (2) check on the accuracy of what the interviewer has heard; (3) facilitate further exchange; and, (4) summarize one phase of an interview and move to the next.

Skill	Description	Function in Phone Interview
<b>Paraphrasing</b>	<ul style="list-style-type: none"> <li>Repeat essence of what is shared</li> <li>Shorten/clarify what is shared</li> </ul>	<ul style="list-style-type: none"> <li>Participant feels heard</li> <li>Facilitates self-exploration</li> <li>Offers new point of departure</li> </ul>
<b>Summarizing</b>	<ul style="list-style-type: none"> <li>Feedback experiences and perspectives in an organized form</li> </ul>	<ul style="list-style-type: none"> <li>Beginning: Offers framework</li> <li>Ongoing: Clarifies path of interview</li> <li>Transitions from one topic to another</li> <li>Closing: Summarizes experience</li> </ul>
<b>Reflecting</b>	<ul style="list-style-type: none"> <li>Reflect feelings/reactions shared to show participant has been heard and to check for accuracy</li> </ul>	<ul style="list-style-type: none"> <li>Normalizes affect</li> <li>Sorts out complex experiences and perceptions</li> </ul>
<b>Synthesizing</b>	<ul style="list-style-type: none"> <li>Bring together experiences and perceptions shared</li> </ul>	<ul style="list-style-type: none"> <li>Clarifies how interviewer understands and facilitates further exchange</li> </ul>
<b>Checking perceptions</b>	<ul style="list-style-type: none"> <li>Finding out if interpretations and perceptions are valid and accurate</li> </ul>	<ul style="list-style-type: none"> <li>Requests information about accuracy of interviewer's understanding and facilitates further exchange</li> </ul>

### Representative Active Listening Probes

Active listening probes help interviewers distill, shorten, and clarify what participants share to show they are listening and to clarify if they accurately heard what was shared.

<b>Paraphrase</b>	Shorten and clarify what has been shared, using: <ul style="list-style-type: none"> <li>Sentence stems such as "I think what I just took from what you shared is ..."</li> <li>Participant's key words that capture experiences and perceptions shared</li> <li>Clarifying statements to that organize complex explanations</li> <li>Checks for accuracy, such as "Am I hearing you correctly?"</li> </ul>
<b>Summarize</b>	Clarify and distill what has been shared over a long period of time restating key concepts, and asking for feedback on accuracy
<b>Reflect</b>	Reflecting includes: <ul style="list-style-type: none"> <li>Sentence stems about feelings shared</li> <li>Feeling labels or words to capture what participants are experiencing</li> <li>Checks for accuracy, such as "Did I capture what you were feeling?"</li> </ul>
<b>Synthesize</b>	Synthesizing brings together multiple experiences and perceptions shared, and checks for accuracy.
<b>Check perceptions</b>	Checking how the interviewer is understanding, interpreting, and organizing what is being shared (this probe that should be used throughout the interview).



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**Semi-Structured Initial Phone Interview Protocol**

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**Semi-Structured Interview Probes**

© Sandra A. Rigazio-DiGilio, 2007

Adapted from Ivey, A. E., and Bradford Ivey, M. (2007) *Intentional interviewing and counseling: Facilitating participant development in a multicultural society* (6th Edition). Belmont, CA: Thomson Learning Inc.

## Appendix E: Recruitment Email

**Lesbian, Gay, & Bisexual (LGB) Affirmative and Non-Affirmative  
Marriage and Family Therapy (MFT) Supervision  
Email to Potential Participants**

Dear Potential Study Participant:

You are invited to participate in a research study to explore the supervision experiences of lesbian, gay, and bisexual (LGB) masters and doctoral-level marriage and family therapy (MFT) trainees. You are being asked to participate because you have identified as LGB and are currently enrolled in an MFT training program. Your participation would be greatly appreciated.

The purpose of this research study is to explore: (a) the ways in which LGB issues have been addressed within MFT masters and doctoral level individual and group supervision; (b) the types of LGB affirmative and non-affirmative supervision incidents MFT masters and doctoral students who have self-identified as LGB have experienced; and, (c) the ways in which these incidents have affected LGB supervisees' perceptions of themselves, their supervisors, their supervisory relationships, and their clinical work.


Should you be interested in participating, please contact the the student investigator, Nicole O'Brien at 203-583-7381 or via email at [nicoleobrien11@gmail.com](mailto:nicoleobrien11@gmail.com). She will respond to your call or email with additional information about the study and answer any questions you may have. Please note that the principal investigator of this study is Dr. Sandra A. Rigazio-Digilio.

Thank you for your consideration.

Nicole O'Brien, M.A.  
Sandra A. Rigazio-Digilio, Ph.D.

## Appendix F: Informed Consent

**Consent Form for Participation in a Research Study**

 **University of Connecticut**

**Principal Investigator:** Sandra A. Rigazio-DiGilio, Ph.D.  
**Student Researcher:** Nicole O'Brien, M.A.  
**Study Title:** Lesbian, Gay, and Bisexual Supervisees' Experiences of LGB Affirmative and Non-Affirmative Supervision in COAMFTE-Accredited Training Programs

**Dear Study Participant:**

You are invited to participate in a research study to explore lesbian, gay, and bisexual (LGB) masters and doctoral-level marriage and family therapist's (MFT) perceived experiences of LGB affirmative and non-affirmative supervision incidents. You are being asked to participate because you have identified as LGB and are currently enrolled in an MFT training program. Your participation would be greatly appreciated.

**Purpose**

The purpose of this research study is to explore: (a) the ways in which LGB issues have been addressed within MFT masters and doctoral level individual and group supervision; (b) the types of LGB affirmative and non-affirmative supervision incidents MFT masters and doctoral students who have self-identified as LGB have experienced; and, (c) the ways in which these incidents have affected LGB supervisees' perceptions of themselves, their supervisors, their supervisory relationships, and their clinical work.

**Description of Procedures**

You will be asked to take part in two audio-taped, semi-structured phone interviews. The initial interview will take between 45-60 minutes. During this interview, you will be asked about your experiences with LGB affirmative and non-affirmative events in individual and groups supervision as part of your MFT graduate training. The second interview will take place approximately two weeks after the initial interview. During this interview, you will be asked a few questions to clarify information shared in the first interview. You also will have the opportunity to share any further information or reactions you may have thought of since the initial interview. This second interview should take approximately 10-20 minutes.

**Risks**

There is a minimal risk associated with the proposed study due to the nature of the interview questions, which asks you to recall a LGB non-affirmative supervision event that may have been or is currently difficult. However, it is likely that you are already dealing with such issues as a part of your supervision, or through other venues. As such, this study does not present any risk beyond the risks associated with the nature of your role as a supervisee. However, should you experience any adverse reactions during or following either interview, the student investigator will provide you with the names and contact information of three therapists in your local area. Therefore, you should feel free to contact Nicole O'Brien at 203-583-7381 for such services if necessary. She will contact you within 24 hours.

The only inconvenience may be a disruption to your schedule to participate in the interviews; however, the researchers will minimize this by conducting the interviews at times that are most convenient for you.

**Benefits**

The anticipated benefits of participation in this study include: (a) helping MFT graduate training programs and supervisors to become more knowledgeable and aware of the importance of creating LGB affirming supervision environments; and, (b) helping expand the lack of attention to LGB issues within the MFT literature and within MFT clinical preparation programs.

**Economic Considerations**

There are no financial costs to participate in this study, and you will not be paid for your participation. We do recognize the personal time you will be giving to help us with the study, and appreciate your willingness to do so.

**Confidentiality**

Confidentiality during this research study will be held in accordance to the standards of AANFT ethical guidelines and UConn IRB protocol. Specifically: (a) all audiotapes and all hard copies of the demographic forms and transcripts will be identified by an ID number assigned to each participant and stored in a locked file cabinet in the primary investigator's office; (b), all identifying data from the demographic forms and transcripts will be disguised prior to the review of these forms by the four members of the research team; (c) all computer files containing information from the demographic forms or transcripts will be password protected and stored in the researchers' password protected personal computers; and, (d) this UConn Consent Form, which will be the only form containing identifying information, will be stored in a separate locked file cabinet in the primary investigator's office.

In research reporting, if quotes from your interviews are used, you will be assigned a pseudonym; all identifying information will be removed.

You should also know that the UConn Institutional Review Board (IRB) and the Office of Research Compliance may inspect study records as part of its auditing program, but these reviews will only focus on the researchers and not on your responses or involvement. The IRB is a group of people who review research studies to protect the rights and welfare of research participants

**Voluntary Participation**

You do not have to be in this study if you do not want to. If you agree to be in the study, but later change your mind, you may drop out at any time. There are no penalties or consequences of any kind if you decide that you do not want to participate.

**Who to contact if you have questions?**

Take as long as you like before you make a decision. We will be happy to answer any question you have about this study. If you have further questions about this study or if you have a research-related problem, you may contact the principal investigator, Dr. Sandra A. Rigazio-DiGilio Sandra A. Rigazio-DiGilio at 860-977-1708, or the student researcher, Nicole O'Brien at 203-583-7381. If you have any questions concerning your rights as a research participant, you may contact the University of Connecticut Institutional Review Board (IRB) at 860-486-8902.

**Consent for Taping**

I understand that the two phone interviews I will participate in will be audio taped. I further understand that the two audiotapes of these phone interviews will not be heard by anyone other than the four authorized members of the research team conducting this study. Finally, I understand that the purpose of listening to these audio tapes is to transcribe the interviews with identifying data disguised.

Based on the above understandings, I consent that the two audio-tapes may be used for the following specific purposes:

- 1) \_\_\_\_\_ For the purposes of this authorized study only, and only by authorized members of the research team.

**Consent Authorization**

I have read this form and decided that I will participate in the project described above. Its general purposes, the particulars of involvement, and the possible risks and inconveniences have been explained to my satisfaction. I understand that I can withdraw at any time. My signature also indicates that I have received a copy of this consent form.

Thank you for your assistance and willingness to participate in this study. Your participation will be of great value in helping us to better understand an area of clinical training that has been understudied.

Participant Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Person Obtaining Consent \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_